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LEE, IRENE K.; AND OTHERS
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ABSTRACT

This series of lessons aims to answer questions new and prospective parents may have about parenting and their infant. Lesson 1 discusses three stages of prenatal development, drug abuse during pregnancy, and the role of fathers. Lesson 2 points out the importance of mother's diet to the unborn child and the mother's need to dress for comfort during pregnancy. Lesson 3 helps parents make informed decisions about prenatal exercises and practical, inexpensive clothes for the infant. Lesson 4 explores pros and cons of breast-feeding and bottle-feeding, suggests developmental activities for infants, and recommends postpartum exercises for the mother. Lesson 5 covers aspects of beginning life as a family and suggests ways to perform everyday tasks of infant care. Lesson 6 describes immunizations for seven serious childhood diseases, and offers advice about selecting and properly using child seat restraints. Lesson 7 introduces a daily food guide to mothers of infants eating table food, and offers advice on how to shop for food wisely. Lesson 8 describes the parents' role in the development of the infant's personality, and provides information about clothing the older, active infant. Related materials are appended, including suggested radio scripts and news releases on several topics, and a course evaluation questionnaire. (RH)

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TIME SCHEDULE FOR CONDUCTING SHORT COURSE

Baby and You

"Baby and You," a short course, is a series of eight lessons on preparation for parenthood and responsibilities of parenthood. You should plan well ahead for this course.

The intent of this schedule is to provide guidance to the county Extension agent - home economics in setting up a county Extension ad hoc advisory planning committee and conducting the "Baby and You" short course. The ad hoc committee can sanction, plan, support, co-sponsor, and serve as resource persons in development of the program with the specific audience.

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ONE YEAR AHEAD

Organizational approval and sanction

It is imperative to have Extension organizational approval and county sanction and support.

a. Extension: County Extension agent - home economics presents problem, data, analysis, and tentative conclusions to county staff chairman, district program leader - home economics, and district chairman for interest, suggestions, and approval.

b. Medical: County Extension agent - home economics identifies influential physicians who would be most apt to give sanction and support to the program and contacts them individually.

If sanction is received, proceed onward.

NOTE: Support may be provided by these same influential physicians; they may serve on the county Extension ad hoc advisory planning committee; they may serve as resource physicians or suggest names of other health professionals who may become resource persons; they may make referrals of patients for the course and they may help in other areas.

Identify relevant groups and individuals

Health professionals in health organizations deliver health care and are key persons to be involved with programs on maternal and infant care. They may serve as co-sponsor(s).

a. Key health organizations in county which have resource health professionals: health department; hospitals; school lunch; social service departments; state dietetic association; county nursing associations; March of Dimes; Red Cross; YM/YWCA; Salvation Army; counseling or action center; child care programs (Head Start, nursery schools); and home economics departments.

b. Key health professionals in the county who may be in agreement with, be in a position to influence, plan, and sanction programs, and who may serve as resource persons: chairman of county medical society; medical chief at hospital; medical director of county health department; chief dietitian of hospital; public health dietitian; chief of nursing service in hospital; public health nurse; and health planners.

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c. Influential leader(s) in county, representatives of the Extension Homemakers Clubs, teen leaders who may be sources for obtaining names of persons to participate and for providing public relations for such a program.

NINE MONTHS BEFORE COURSE

Key relevant influentials for county ad hoc advisory planning committee selected and contacted

Select the committee and contact the members individually in order to establish rapport.

a. Five to nine key influentials are selected from the relevant group of individuals identified as key health professionals and influential leaders for the county Extension ad hoc advisory planning committee. On this committee should be the county Extension agent - home economics and members such as a physician, a registered dietitian, a registered nurse, an influential layman, and others who can contribute knowledge, imagination, articulation, time, effort, and action.

b. The county Extension agent - home economics individually contacts the selected persons for the committee to present ideas, hear suggestions, establish rapport, and get commitment for their serving on the county Extension ad hoc advisory planning committee.

EIGHT MONTHS BEFORE COURSE

County Extension Ad Hoc Advisory Planning Committee meet and make decisions about short course

When the members of the committee are brought together, the meeting should be conducted in a well-planned and well-organized manner.

a. The county Extension agent - home economics clarifies the functions of the committee.

--- Role -- The role of the ad hoc advisory planning committee is to provide direction and guidance in planning and in executing the short course, "Baby and You;"

--- Assist with program planning, development and evaluation;

--- Suggest and provide names of professionals who are competent and updated in maternal and infant care for resource persons;

--- Assist in recruiting desired participants; and

--- Assist with publicity.

Program designed by committee

The program design must be tailored to the needs of the county.

a. Parameters for the program are established.

Who -- Who are the learners: Prospective parents and new parents.

What are the characteristics of learners: Age? Education? Economic level?

Recruitment -- How are learners to be reached: Clinics? Physicians? Direct mail? Mass media? Home visits?

When -- When is the best time to reach the greatest number of learners: Day of week? Hour of day? Length of time?

Where -- Where should the program be held: Hospital? Community building? Extension office? School?

How -- Will learner learn better in: Small groups? Large groups?

Will learner respond best to: Printed materials? Visuals? Lecture? Group involvement? Practice?

b. Realistic objectives for success are stated in behavioral terms for each session.

THREE MONTHS BEFORE COURSE

Program is developed around learner

For each objective, the

a. Content and sequence of content are determined;

b. Methods of presenting content are selected; materials and visual aids are ordered;

c. Time needed for program is allocated;

d. Learning environment is identified; and

e. Evaluation is planned.

ONE MONTH BEFORE COURSE

Publicize through paper, radio, TV, and send letters to key people to have them help recruit participants.

TWO WEEKS BEFORE COURSE

All the resources (human, physical, material) are mobilized for conducting the program. Resource personnel are well briefed on the parameters, objectives, and programs as well as on their expectations. Begin registration. Step up publicity.

Week After Conclusion of Course -- Send thank you letters to people who have helped sponsor, teach and publicize the course.

One Week to Three Weeks After Course -- Send evaluation.

One Month After Course -- Summarize the evaluation; add your personal observations, report to specialists. Send thank you letters to people who have helped with evaluations. Publicize results of the course.

Three to Six Months After Course -- Send follow-up evaluation. Summarize the evaluation, file one for annual report, send copies to each of the specialists who developed the short course.

Process Model of Decision-Making and Social Action

1. Program area identified by county Extension agent - home economics:
    a. Situation
    b. Problem

2. Problem area clarified by county Extension agent - home economics:
    a. Data on problem
    b. Possible audience
    c. Resources in county
    d. Prior experiences
    e. Extension involvement

3. Organizational approval and sanction:
    a. Extension administration
    b. Medical professionals

4. Relevant groups and individuals identified:
    a. Key health organizations
    b. Key health professionals
    c. Influential leaders
    d. Communication groups

5. Key relevant influentials for Extension ad hoc advisory planning committee selected and contacted:
    a. Five to nine members selected: CEA - HE, EHC leaders, M.D., R.D., influential laymen, representatives from agencies (ex. health department and others)
    b. Individual members identified, contacted and rapport established

6. Extension ad hoc advisory planning committee meet and make decisions about programs:
    a. Role, objectives, means, and power clarified
    b. Problem, data, analysis, and solutions discussed

7. Program designed by committee:
    a. Parameters established
    b. Objectives determined
    c. Program developed

8. Program implemented

9. Program evaluated:
    a. Learner's reaction
    b. Evidence of learning
    c. Evidence of applied learning
    d. Results

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INTRODUCTION

Welcome to a program designed for prospective parents and new parents in our community.

This course is important because prospective and young parents are often seeking support and reassurance that they are doing the right things. They are confronted with coping with the physical changes, the increased responsibilities, and new roles of parenthood and the care of the baby which can be overwhelming. Regardless of family background and income many parents are not fully prepared for the period of adjustment following their baby's arrival.

This series of lessons is planned to provide answers to many questions that new and prospective parents have concerning: prenatal development, infant growth and development, feeding and nutrition, infant clothing, health, safety, adjusting to motherhood, and the role of the father.

As we meet together and study the eight lessons provided in this course, you will gain information that is often unavailable elsewhere. The time together for these classes will also offer you an opportunity to get to know and compare notes with other prospective or new parents that have similar concerns.

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BABY AND YOU SHORT COURSE

LESSON 1
BE GOOD TO YOUR BABY BEFORE IT'S BORN

TIME: 3 - 4 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Explain the physical changes likely to occur in the mother during pregnancy.
- Describe the three stages of prenatal development.
- Become aware of the enormous growth that the fetus undergoes from conception to birth.
- Determine the role of the father in giving emotional support to the mother.
- Analyze the importance of avoiding drugs during pregnancy.

RESOURCES NEEDED

Pregnancy and Prenatal Development

- Slides, "Human Reproduction: What You Should Know"
- Filmstrip, "Pregnancy"

Drug Abuse During Pregnancy

- Film, "One For My Baby"

Emotional Support

- Filmstrip, "Adjusting to the New Baby"
- Filmstrips, "Mother/Father Roles"
- Transparencies, "Minimizing Jealousy in Children"

INTRODUCTION

This lesson deals with the expectations of pregnancy. The three stages of prenatal development are discussed in order to help prospective parents understand the development of the unborn child. Drug abuse during pregnancy as well as the role of the father in giving emotional support are also discussed.

SHOW AND DISCUSS SLIDES – "Human Reproduction: What You Should Know."

PREGNANCY AND PRENATAL DEVELOPMENT

Having a baby is one of life's unique experiences. It is one of the biggest events in a couple's life. Unlike many other conditions for which a doctor is consulted, pregnancy is a normal state.

If the thought of having a baby is a little frightening, you are not alone. Most parents-to-be find themselves experiencing moments of joy sometimes and moments of doubt at other times. After all, your entire family situation is about to undergo a dramatic change for this very special time in your life. Before long you and your spouse will find yourselves quite confident at the thought of becoming parents.

As new parents, you will have many months and hours of joy while you hold and cuddle your baby. As your child develops, you will experience the unfolding of a new life – a new person. Your child will affect every aspect of daily living for years to come. This makes it most important to be aware of the challenges involved and to plan carefully. It helps to learn and talk about your forthcoming baby. We tend to worry less if we have some idea what to expect. It's also rewarding to know in advance what's going to occur and then watch it happen!

It is most important for the mother-to-be to maintain a positive mental attitude during pregnancy, not only for her but also for the development of the baby. She should relax and enjoy her new condition. This can be a time of real satisfaction and happiness.

Signs of Pregnancy

A woman cannot tell immediately when conception has occurred. But, there are some signs that might suggest that she is pregnant.

- Usually, the first indication is a missed period, especially if her menstrual cycle is very regular.
- She may be urinating more frequently than she usually does.
- She may find she suddenly cannot bear the taste of a particular food or that she is particularly sensitive to odors.
- She may have discomfort or tenderness in her breasts, or her breasts may start to become enlarged.
- Morning nausea is a first indication for some women.
- She may easily become moody or tired.

Each of these physical signs can occur without pregnancy. Sometimes the possibility or anticipation of pregnancy is so great that a woman may be convinced that she is pregnant when she is not. Some of the pregnancy symptoms may even be present. Illness or other physical conditions may also cause some of the symptoms we have discussed.

A pregnancy test is used to confirm pregnancy. Various methods are used. The most accurate is the laboratory test which the doctor performs on the blood or urine of the woman. Simplified versions of this test are now available for at-home use, but pregnancy should always be verified by a physician.

Keeping Healthy During Pregnancy

Staying in good health is the most important responsibility of a pregnant woman. This is usually easy to accomplish since pregnancy is a perfectly normal and natural process – not an illness. The goal of health care during pregnancy is to end up with a healthy mother and a healthy baby. As a general rule, you need only practice the good health rules you already know. Consulting and following the advice of a good doctor is the first step. Using common sense about activities, rest, and personal care will help avoid most problems. Problems arise when these common sense guides are abused or ignored.

As soon as a woman suspects she is pregnant, she should visit her family doctor. Many women prefer to consult an obstetrician – a doctor who specializes in the prenatal care of the mother and baby. This initial visit can help prevent serious complications.

Although the expectant mother probably feels as healthy as ever, her doctor will usually perform a thorough examination. The following takes place during this examination:

- Initial weight is recorded.
- Blood pressure is measured.
- Pelvic measurements are taken to determine whether the passageway will allow a normal-size baby to be born without difficulty.
- A cancer test is done – a test that all women should have once a year.
- Urine analysis will give the condition of the kidneys, which carry a heavier burden during pregnancy.
- A blood test gives the doctor valuable information about the woman's health. It also tells if there is a tendency toward anemia and what the Rh factor is. Anemia is a condition caused by lack of iron that results in poor appetite, tiredness, and weakness. The blood test determines the woman's blood type in case a transfusion is necessary. The Rh factor is a blood component. Its presence may be involved with destruction of the red blood cells of an unborn or newborn infant. A serious situation exists when an Rh negative mother is carrying an Rh positive baby.
- A history of past illnesses and operations will be recorded. This history is important because it may mean the doctor will want to take special care because something in the woman's history may affect her or her baby during pregnancy.

Under normal conditions, doctors usually see their patients about once a month until the sixth or seventh month of pregnancy. Then visits are increased to every other week. During the last month, the doctor will probably schedule office calls once a week. Examinations during these monthly visits are fairly routine. They are, however, important to see that all continues to go well. Problems caught early can often be corrected.

One of the first questions a prospective mother asks her doctor is, "When will my baby be born?" There is no way to know the exact day your baby will be born. It takes about 280 days for prenatal development to be complete. One of the ways of estimating is to count back three months from the first day of your last menstrual period, then add seven days. For example, if your last period began June 10, count back three months to March 10, then add seven days. Your estimated date of delivery would be March 17. Most babies are born within two weeks of the estimated date of delivery.

Aches, Pains, and Minor Problems

Throughout your pregnancy, there may be minor problems that cause discomfort or frighten you unless you are aware of them. Any complications should be discussed with the doctor to make sure they do not indicate a serious problem.

- Nausea (a feeling of uneasiness in the stomach) is the most common mild complication. It is commonly called "morning sickness." An easy way to combat this is to keep soda crackers by the bed to eat before lifting the head from the pillow in the morning. Some doctors recommend frequent, smaller meals so that the stomach is never completely empty. It will also help if you drink liquids between meals rather than with meals. Fortunately, nausea rarely lasts beyond the fourth month. Severe and prolonged nausea should be reported to the doctor.

- Heartburn is a digestive disturbance not really associated with the heart. It is characterized by a burning sensation in the stomach, often rising to the throat.
- Shortness of breath is caused by the enlarging uterus pressing upwards against the lungs.
- Varicose veins develop from pressure on the blood vessels in the legs. Resting with the legs and feet elevated gives relief. The use of elasticized stockings and specific exercises can also help.
- Muscle cramps in the legs are relieved by rest. It is a good idea to prop your feet up on a footstool whenever you can to relieve the strain on your legs caused by the weight of the baby.
- Lower back pain caused by change in posture may be experienced during the last months of pregnancy.
- Emotions are affected by substances within the body called hormones. During pregnancy, the normal balance of hormones changes, and this may cause emotional changes too. Some days you may feel out of sorts for no special reason. When you are feeling low, do something nice for yourself — get your hair done, buy yourself a present, or go to a movie.

While these symptoms are usually minor, some women experience more serious complications. Any of the following symptoms should be reported to the doctor immediately:

- Vaginal bleeding
- Rapid weight gain
- Excessive thirst
- Reduced or painful urination
- Severe abdominal pains or cramps
- Persistent headaches or fainting
- Severe vomiting
- Fever or chills
- Swelling of face, hands, and feet
- Blurred vision or dizziness
- A large amount of vaginal discharge that burns, stings, or itches

These minor problems make it seem that pregnancy is a miserable time during which you will be sick and ugly. This is not the case. During the next nine months, you will be your healthiest. And with personal care, you can be prettier than you ever have been in spite of your changing figure. Your skin will be clear and glowing, your eyes will sparkle with excitement, and you will experience the miracle of life within your body.

SHOW AND DISCUSS THE FILMSTRIP — "Pregnancy."

Conception

When you had your first menstrual period, your body was telling you that your reproductive system was maturing and you could become pregnant. Once each month, an egg — called an ovum — is released by the ovary of a woman. The egg moves through the fallopian tube to the uterus or womb. When the egg reaches the uterus, it usually disintegrates and is flushed away with the menstrual flow.

However, if the egg meets and is fertilized in the fallopian tube by a male cell — called a spermatozoon or sperm — conception takes place. The fertilized egg travels down the fallopian tube into the uterus (womb) and starts to grow and develop into a baby. This is the beginning of pregnancy.

The fertilized egg is a new life. It develops into a human being with billions of cells, each having a special function. Some become parts of hands and feet. Others make up nerves, eyes, or blood vessels. Yet others become brain or help form skin or bones. Instantly, this fertilized egg has inherited all the physical traits its parents can give. At this moment, it is determined if the baby will be a boy or a girl, if he or she will have dimples, and which color hair he or she will have. Though this new human being is less than one-fourth the size of a pinhead, it has its own genetic blueprint. Even before you suspect you are pregnant, your baby is developing with amazing speed. At six weeks it is only one-fourth inch long, but its spine, brain, heart, and lungs are already developing. The umbilical cord is also developing. Many mothers worry that the baby may become tangled in the umbilical cord and strangle. It is very unlikely. The cord is filled with blood and is stiff and firm. It is not flexible enough to loop around the baby.

Prenatal Development

The nine-month period of growth of the baby includes three stages — the period of the ovum, the period of the embryo, and the period of the fetus.

Period of the Ovum

The period of the ovum takes approximately two weeks. When the fertilized egg reaches the uterus, it attaches itself to the thickened lining of the uterus and begins to grow. Since the lining is needed to nourish the fertilized egg, it cannot be shed in menstruation as usual. Menstruation stops and will not begin again until after the baby is born.

The fertilized egg has found a soft, warm bed and food in the thickened lining of the uterus. It is well protected in a sac of liquid called amniotic fluid. It will grow in this sac until it is born. The liquid is needed to protect the baby from bumps and pressure. In spite of the remarkable growth in this two-week period, the tiny ovum is still only the size of a pinhead.

Period of the Embryo

The second stage of development — the period of the embryo — lasts about six weeks.

The embryo is growing rapidly. It becomes attached to the inner lining of the uterus with connecting tissue called the placenta. Nourishment passes from the mother to the baby through blood vessels running from the placenta through the umbilical cord. The umbilical cord, which is like a tube through which the embryo is fed from the placenta and carries wastes away from the baby, is fastened to the baby's navel. It is about 51 cm (20 inches) long.

By the second month, the embryo is still only 6 mm (1/4 inch) long. A large head is forming. Protruding bumps show the beginnings of arms and legs.

This rapid development makes the embryo extremely vulnerable. Certain harmful experiences might affect the embryo's growth at this time — for example, a virus infection, poisons or drugs in the mother's bloodstream, or an accident such as the mother falling downstairs. Such things can cause birth defects or even the death of the baby before birth.

Period of the Fetus

The third and last stage of pregnancy is called the fetal period. It begins about the ninth or tenth week (third month) of pregnancy and lasts until the baby is born, about 30 weeks later. The new life is now known as the fetus, which means "young one."

The unborn baby's growth between the third and seventh month is rapid -- faster than it will ever grow again in its lifetime. The fetus may increase in length as much as 30.5 cm (12 inches) during this time. The head is large in proportion to the rest of the fetus because the brain is developing so rapidly. Because changes and growth are occurring so rapidly now, we will follow the fetal development month by month. How the baby's development affects the mother is also described.

Keep in mind that reactions and growth patterns are very individual. Not all babies develop at exactly the same rate. Nor does every pregnant woman experience all the things described here.

Third Month – Although the mother's abdomen is beginning to enlarge by the third month, the fetus is still quite small. It is about 3 inches long (the length of a man's thumb) and weighs about 28g (1 ounce). Outwardly, the fetus is beginning to look more like a human being. The baby now shows signs of being a boy or a girl. The nails on the baby's fingers and toes are developing. Even a little hair on the head is starting to grow. There are tiny nostrils, a mouth, and eyelids on the face. Miniature teeth are already beginning to form. A downy, soft fuzz called lanugo (laNEWgo) is beginning to appear on the body. The baby has started to move – so gently that the mother does not yet notice. By the end of the month, the baby's organs will be developed.

Fourth Month – At four months, the fetus is about 10-13 cm (4-5 inches long) and weighs about 113g (4 ounces). Fingernails, which began developing in the third month, become more noticeable. Growth speeds up, and the fetus begins to look more like a baby.

By the end of the fourth month, most of the mother's discomforts are gone. Morning nausea, excessive sleepiness, and frequent urinating should be gone. Her appetite is probably increasing. In fact, she may have cravings for foods she hardly liked before. Her uterus is getting larger, and she might need to wear maternity clothes now.

Fifth Month – During the fifth month, the baby's eyelashes and eyebrows appear. Eyelids can open. The doctor may hear the baby's heartbeat. The mother may have felt the baby move. This movement is called "quickening." The baby is stretching his/her arms or legs. This feeling of life tells the mother that she does indeed have a child within her.

The doctor will want to know when the expectant mother first felt life. This helps the doctor estimate the baby's fetal age and establish a more accurate birth date. When life is felt, the child's heartbeat can also be heard. Keep in mind, though, that babies develop at different rates. By the end of the fifth month, the fetus is about 21 cm (8 inches) long and weighs 284-312g (10-11 ounces).

As the growing fetus fills more and more of the space in the uterus, the surrounding fluid is lessened. Eventually, the amniotic fluid fills only the pockets around the baby's contours. With less space to stretch free-length in, the baby curls up. This is called the fetal position.

Sixth Month – At the sixth month, the fetus looks like a miniature baby except the skin is wrinkled, red, and there is practically no fat under the skin. By now the body is covered with vernix caseosa. This fatty, white substance protects the skin and keeps it from shriveling in the amniotic fluid. The baby is about 26-31 cm (10-12 inches) long and weighs 907g (2 1/2 pounds). The baby changes its position from one side to the other. Some movements are visible to others.

Seventh Month — The baby takes a spurt in growth and weight from this time on. From the seventh month on, the mother's abdomen grows quickly. The baby is very active and objects when the mother sleeps on her back. To the baby, lying on the mother's backbone is like lying on a bed of rocks. The mother and baby will be more comfortable if she sleeps on her side. The doctor should be notified if several days pass in which the mother feels no movement. The baby is about 38 cm (15 inches) long and weighs about 1-1.4 kg (2 1/2 - 3 pounds).

By the end of the seventh month, the fetus will probably settle in position in the womb and keep this position until birth. This is usually with the head down. By feeling the mother's abdomen, the doctor can determine the baby's position.

Eighth Month — Babies born now look like little old people because their skin is so wrinkled. The fetus is about 43 cm (17 inches) long and weighs 1.8-2.3 kg (4-5 pounds). The hair on the baby's head is getting thicker now, although some babies have none at all at birth. Fat is slowly increasing beneath the skin. The mother continues to gain weight. The mother might be feeling uncomfortable because the womb probably reaches her rib cage. Sometimes this upward pressure causes a shortness of breath when the mother is very active.

By this time, the mother may notice that her baby is sensitive to sound. The fetus is accustomed to the noises such as the mother's heartbeat and digestion. But sudden noises will startle the baby into a reflex jerking action.

The unborn baby can do a surprising number of things for one so tiny. It can suck its thumb, cough, sneeze, yawn, and suffer hiccups. A baby can even cry before birth. Usually the crying is soundless. In one case, however, a doctor injected an air bubble into the uterus for x-ray purposes. The bubble happened to cover the baby's face. The moment the fetus had air to inhale and exhale, the sound of a protesting wail could clearly be heard.

Ninth Month — With only a few weeks to go, the fetus is about 46-49 cm (18-19 inches) long and weighs around 2.7 kg (6 pounds). During the month, it will put on weight and fill out. The weight that the baby gains during the last weeks helps it maintain body heat after birth. The fuzz on the baby is almost gone. The appearance changes from a wrinkled old-looking person to that of a baby.

One day during the month, the baby will drop into the lower pelvis. "Lightening" has occurred. Birth is not far off. If this is not a first baby, lightening may not occur until just before labor begins. Sometimes lightening is accomplished by slight abdominal pains which first-time mothers may mistake for the beginning of labor. After lightening the mother feels more comfortable.

Although the baby could be delivered at any time during the last month, development would be less complete. The baby is also acquiring substances from the mother's blood that give temporary immunity to diseases and infection. The fetus is now about 51 cm (20 inches) long and weighs about 3.2 kg (7 pounds) or more. The fuzz or downy hair has disappeared, and fingernails may protrude beyond the ends of the fingers.

DRUG ABUSE DURING PREGNANCY

Pregnancy is a heady experience — exciting, absorbing, and a little frightening too. Perhaps, the most frightening question of all is will I have a healthy, normal child. Fortunately, your chances of having a healthy baby are better than ever. Medical researchers have learned a great deal about a mother's influence on her unborn child. There's a lot you can do on your own to make sure your baby has the best possible start in life.

Ideally, the management of pregnancy should begin well before conception to be sure that your body is ready to bear a child and that fertilization will take place under ideal circumstances.

Before becoming pregnant, you should have a complete physical examination to make sure you have no infections, nutritional deficiencies, or anatomical problems that might affect a baby's development and birth. If a difficulty turns up, it can be treated before you get pregnant.

Medications

Pregnancy usually requires no special medicines. A woman who is pregnant or thinks she could possibly be pregnant should not take any drugs whatsoever unless absolutely essential and then **only** when prescribed by a physician who is aware of the pregnancy.

When a pregnant woman takes any drug, legal or illegal, she is dosing her unborn baby as well as herself. The baby's immature body may not react to the chemical as the mother does. The problem is that we don't always know what quantities, taken over what period of time, begin to harm us. Remember, the words "drugs" and "medicines" apply to over-the-counter remedies as well as to prescription drugs.

Everything the mother eats or drinks gets to the fetus through the placenta, a thick wall of tissue through which the baby's nourishment comes from the mother's bloodstream. Alcohol and medications pass through the placenta quickly. Since the fetus doesn't produce the enzymes that, in an adult, break down the drugs and facilitate their assimilation, the drugs remain unchanged and potentially dangerous.

Most birth defects are caused during the first 12 weeks of pregnancy, when a baby's arms, legs, internal organs, and brain are forming. The wrong drug taken during this critical formation period could damage the baby's development.

Alcohol

When a pregnant woman drinks, her unborn baby drinks also. Alcohol enters the fetal bloodstream in a concentration approximately equal to that in the mother's blood.

A pregnant woman who drinks heavily risks having a child with birth defects. Children of alcoholic mothers are at risk of fetal alcohol syndrome (FAS), a pattern of physical, mental, and behavioral abnormalities. Defects include severe growth deficiency, heart defects, and malformed facial features. Some scientists believe that alcoholism during pregnancy is a common cause of mental retardation. The effect of limited or moderate drinking isn't definitely known. Researchers, however, know enough to tell a pregnant woman the safest course is to cut out drinking entirely.

SHOW AND DISCUSS THE FILM – "One For My Baby."

Narcotics, Hallucinogens, and Amphetamines

Women of childbearing age should understand the damaging effects that these drugs can have on their own health as well as to the potential danger to the unborn child during pregnancy. This warning applies to drugs that cause physical addiction and to ones that lead to psychological dependence. Avoid all street drugs; there's too much at stake to risk having a sick baby.

Smoking

Mothers who smoke heavily tend to have low-birth-weight babies. Smoking increases the likelihood of miscarriage-spontaneous abortion, fetal distress, and premature birth. Smoking also stunts fetal growth.

SHOW AND DISCUSS THE FILMSTRIP – "Adjusting To The New Baby."

EMOTIONAL SUPPORT – FATHER'S ROLE

One of the most exciting and fulfilling experiences you can have is that of becoming a parent. No opportunity holds more wonder, more hope, more joy, or more rewards than seeing your baby grow into a happy, self-assured child. With the arrival of your baby, you will experience a joy you have never known before. This miracle of life gives dreams new dimensions, hearts new happiness, and lives new meaning. As a parent, you will grow through this unique close relationship.

No father is an expert. Classes can help, and many books are available. But most of all, parenting is a process over time. And time means practice – to learn and understand. Whatever knowledge you start with, one point is vital, your baby needs loving eye-to-eye contact from both of you. You need to touch, hold, and talk to the baby. All other advice on parenting comes second to this.

Having a baby is a family affair. The mother of your child has the physical responsibility of pregnancy and labor, but you also face many changes in your life. A baby means added responsibility. Time, money, planning, and thought are essential in rearing children. Parenthood lasts for life. Although children grow up and attain full independence, there is always that special attachment that began in infancy.

The appearance of a new baby is usually a happy event for the entire family. Sometimes older children may feel left out because the new baby takes up so much of their parent's time. They may react by showing signs of temper, whining, starting to wet the bed, or wanting to return to drinking from the bottle. These reactions are natural – they feel your love for them is being threatened by the new baby.

Parents should show older children that their affection for them hasn't changed. Devoting a portion of the day to each of them can provide the reassurance they need.

Use transparencies as you talk about minimizing jealousy in children.

To minimize jealousy caused by a new baby:

- Prepare the older child for the baby's coming. Instill the feeling that the new baby is the youngster's too, and parents need the older child's help.
- Make changes in advance. If the older child must change bedrooms, this should be done months in advance.
- Allow special time for the older child alone.

- Compliment the youngster's good behavior.
- Point out the advantages of not being a baby.
- When the new baby arrives, ask the child to help with small tasks in its care.
- Give the older child an extra measure of love and empathy to ease in adjusting to the new situation.

During pregnancy, every couple must decide how they will meet the responsibilities of child care. This is a decision no one else can make for them. Many things should be taken into consideration — each partner's goals, qualifications, and personal characteristics, as well as the financial needs of the family. The decision reached may require compromise, but should be fair to both partners.

A baby is an all-day, everyday responsibility. If both the husband and wife have been working before pregnancy, some provision must be made for care of the child after birth. Traditionally, the wife has stayed at home to provide full-time care for the children while the husband worked to provide money for the family. But traditional roles are changing. Most couples are more flexible in deciding who will do certain jobs. Tasks are neither "man's work" nor "woman's work." They may be done by the partner with the most interest, skill, or time. Among such couples, child care responsibilities are usually shared by both partners.

Waiting for the birth of a child is a time for the father and mother to be closer than ever. The father should be encouraged to share in the excitement and planning of the coming event as fully as possible. This is the time to select a pediatrician to consult for specific health concerns once the baby gets here. From the very beginning, the support and encouragement the father gives during her pregnancy are very important.

Beginning early in pregnancy, you may notice changes in your wife's personality. These may be swings of mood from joy to mild depression. These emotions are affected by substances within the body called hormones. During pregnancy, the normal balance of hormones changes, and this may cause emotional changes.

The pregnant woman may find that her emotions are not as stable as usual. She is more likely to become more moody and easily upset. Some days she may feel out of sorts for no special reason. She may become irritated or tearful and not know why. On a "down" day, her whole situation may seem hopeless to her.

A thoughtful husband will reassure his wife that she is still attractive. She may be easily frightened. Your interest in her diet, looks, and continued good health will help overcome such problems. Help her to remember that these feelings are not unusual and may be due to hormonal changes within her body. Encourage her not to make major decisions on a "down" day. She needs to wait until her feelings have leveled off and she can reason more clearly.

As pregnancy advances, there is often a change of focus from her usual interests to self and baby. You are very special during this time. Give her a hand with things around the house. She needs your help, love, and patience more than ever.

Anticipation of this behavior as a normal occurrence can help you recognize and accept it. Do something extra nice for her. Buy her a present, take her for a drive or walk, take her to dinner or to a movie. Help her with the children if there are others. Showing her you love her will have her smiling again.

Your initial response may be to feel jealous or rejected. However, keep in mind that you are the single most important influence on your wife at this time. She may be having difficulty in moving around as easily as she used to, or she may be feeling sensitive about her appearance. Even though she doesn't say it, she needs evidence of your love and concern.

Encourage your wife to balance periods of activity with those of rest. Whenever possible, perform all tasks that involve heavy lifting and carrying; they can usually be postponed until you are present. Accompanying your wife occasionally on visits to the doctor will enable you to gain answers to specific questions. It will be a further expression of interest in her well-being and in that of the child.

Fathers are being admitted to a growing number of hospital rooms. If you and your wife really want to be together for the delivery of your child, talk it over with your doctor early in the pregnancy. Most doctors believe that before a father can be admitted to a delivery room, he and his wife should be prepared for this experience by attending special classes. Find out where such classes are being held in your community if you wish to share the childbirth experience.

During your wife's hospital stay and in the early weeks at home, you can help to limit visits by family and friends. Although she may say that she feels strong enough, she can become quickly tired.

You can also take care of homecoming details. Bring clothes for her and the baby to the hospital; have your home reasonably neat for the return, with the baby crib and other articles prepared to receive the new arrival.

If possible, you should arrange to have the following day free when you bring them home. Although the events of early parenthood vary greatly from one couple to another, neither of you will probably get much rest the first night. The baby's cries may awaken you – or you may get up even if there are no cries, just to make sure that nothing is wrong. In a week or two, however, the baby should settle down to a regular routine.

Since schedules are usually rather erratic in this period, you can aid your wife in establishing priorities so that her time is efficiently organized. Make arrangements for simplified meals; help her with household chores or arrange for her to have assistance, at least on a part-time basis. Make certain that work surfaces are high enough to enable her to stand in a relaxed position, without stooping or stretching.

Readjustment – physical, psychological, and emotional – takes time after a pregnancy of many months. Be sure that she gets enough rest during the postpartum period. Provide diversion for her when she needs it, and see to it that she is able to get out now and then without the baby.

Keep in mind always that your wife is a new parent just like you. She needs reassurance and support in learning to be a mother for the first time. You also need to learn with her about the baby. By sharing the baby's care, you will not only provide relief for her but add to your own parenting skills. A few months from now, you will be surprised at the knowledge you have gained through observation and experience.

Above all, you should recognize – and help your wife to remember – that this is an intense but relatively brief period of time when the baby's presence and needs tend to dominate everything else. Be patient and continue to show your affection. Her preoccupation with her new tasks will gradually give way to a more relaxed manner as she gains confidence and strength.

SHOW AND DISCUSS THE FILMSTRIPS – "Mother/Father Roles."

EVALUATION

1. Describe what might be four signs of pregnancy.

    1.
    2.
    3.
    4.

2. Explain what takes place during the initial examination when a woman suspects she is pregnant.

    1.
    2.
    3.
    4.

3. How can one estimate when the baby will be born?

4. List 5 minor problems that some pregnant women experience.

    1.
    2.
    3.
    4.
    5.

5. Explain how conception takes place.

6. Describe the three stages of prenatal development.

7. How can the father give the mother emotional support?

8. Why should drugs be avoided during pregnancy?

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BABY AND YOU SHORT COURSE

LESSON 2
CARING FOR TWO

TIME: 2½ - 3 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Conclude that the building materials for fetus growth are provided by the mother and the mother's diet.
- Determine that the same nutrients are important for all people, but the need for some is increased during pregnancy.
- Identify clothing styles and fabrics appropriate for maternity wear.

RESOURCES NEEDED

Nutrition During Pregnancy

- Graph illustrating the rapid growth of fetus from pinhead to approximately 7 pounds (available from food and nutrition specialist)
- Wall chart - "Daily Food Guide"
- "Nutrition During Pregnancy," FSHED 44
- "Food for Fitness," FSHED28
- Worksheet - "How Am I Doing?"

Dressing for Comfort

- Set of posters illustrating various styles of maternity fashions to be used in the discussion.
- Contact a local store and ask to borrow several garments, including undergarments, to use in the discussion.
- If time permits, plan a maternity style show. A coat hanger style show is interesting, also.
- "Maternity Wear," FSHEA8
- History of maternity fashions
  (Note: A news article is included to coincide with the program.)

INTRODUCTION

This lesson stresses the importance of the mother's diet to the unborn child including weight gain during pregnancy, special nutritional needs, and what foods should be eaten during pregnancy.

Because you're expecting nothing but the best doesn't mean you have to hide inside the house. There are maternity fashions available for all types of activities. Lovely and fashionable maternity clothes in flattering, comfortable styles and easy-care fabrics are available for today's mother-to-be.

NUTRITION DURING PREGNANCY

Discussion using graph illustrating the rapid growth of fetus.

Your body is changing to care for your growing baby.

- Your breasts have become fuller.
- Your uterus (womb) has grown bigger.
- The placenta (sometimes called the afterbirth because it comes out after the baby during the delivery) has formed.
- Extra fluids are in and around your cells.
- Fluid surrounds the baby to cushion it.

The tiny fertilized egg that is your baby at the start grows into the new little person you're waiting to welcome. These changes are nature's way of preparing you and your baby for the months of pregnancy, for delivery, and for nursing the baby.

For all this to happen as it should, good food for you and your baby is crucial. What you eat (remember, you're consuming essential nutrients for two) must do double duty; get you ready for childbirth and nursing, and fuel your baby's steady growth. Eating right is one of the most important things you can do to work for a safe pregnancy and a healthy, happy child.

"Eating for two" doesn't mean eating twice as much. But to have a healthy baby you do need to gain weight – gradually. Current research indicates that expectant mothers should gain from 24 to 28 pounds during the nine months, so pregnancy is not the time to go on a weight-loss diet. The recommended weight gain during pregnancy is about one pound a month during the first three months and about three-fourths pound a week for the remaining six months. Your doctor will tell you how much weight gain is right for you. Pregnancy is never a time to lose weight.

Of the total number of pounds you will add, about 7½ should be your baby. Your child's birth weight is important, since birth weight can be the difference between having a healthy baby or a threat to life.

All this growing needs good building materials, yet your diet during pregnancy isn't much different from what you needed before you became pregnant. Although you do have an increased need for some essential nutrients, you need only 300 extra calories a day.

Caloric needs increase during pregnancy, but not as much as the need for some nutrients. Extra calories should come from such foods as milk and milk products, lean meat, poultry, fish, dried peas, beans, nuts, fruits, vegetables, and whole grain breads and cereals. High calorie, low nutrient items such as candy, cakes, and cold drinks should not be used to provide these extra calories during pregnancy.

A current authority on nutrition uses six key nutrients as indicator nutrients of pregnancy. These are protein, iron, calcium, folic acid, vitamin A, and vitamin C. A diet that provides these six nutrients in amounts adequate for the increased needs of a pregnant woman will almost certainly provide the other nutrients she or her baby will need.

Discussion using "Daily Food Guide."

Extra protein is essential during pregnancy to form the baby's body tissues. It can be obtained from milk, cheese, meat, poultry, fish, and dried peas and beans. At least three servings of these protein-rich foods should be eaten daily.

Vitamin and mineral needs are also increased during pregnancy. Expectant mothers should be sure to eat such vitamin C-rich foods as citrus fruits, greens, and tomatoes. For vitamin A, select foods such as carrots, spinach, and sweet potatoes daily.

Blood volume in the expectant mother also increases during pregnancy. In order to make red blood cells for this increase, the expectant mother should include such iron-containing foods as liver, red meats, dried peas and beans, fortified breads and cereals, and dark green vegetables at meals. Vitamin C is a valuable companion in helping the body utilize iron more effectively.

Calcium meets the baby's bone formation needs. Many experts advise expectant mothers to drink a quart of milk a day to meet this increased need for calcium. Other milk products which provide calcium may also be used, as can some dark green vegetables, but the body is not always able to use these sources of calcium as effectively.

Because some of the vitamin and mineral needs of pregnancy may not be met by food intake, physicians usually prescribe supplements.

Constipation may be a problem during pregnancy, and the expectant mother can benefit from consuming high fiber foods such as fruit, vegetables, and whole grains. Adequate fluid intake also helps to correct this problem.

Some expectant mothers may find they have problems such as morning sickness, nausea, or heartburn. If so, these hints may provide relief:

- Eat a few dry crackers before getting out of bed in the morning.
- Eat small frequent meals and snacks instead of three large meals every day.
- Drink liquids between rather than with meals.

By following a food pattern you can see that you are getting the needed nutrients. A food pattern groups foods that have similar nutrients together. You can choose foods from a limited number of groups rather than choosing from the thousands of foods that are available.

Most people don't know what they eat in a whole day. Do you?

PASS OUT SHEETS – "How Am I Doing?" Ask participants to write down everything they have eaten in the last day – from yesterday at this time to now. When they have all the foods written down, ask them to identify what food group each food contains; count the number of servings from each food group and check their number against the recommended number.

DISTRIBUTE COPIES of "Food for Fitness," FSHED28.

Review the nutrients provided by each food group and the recommended servings during pregnancy.

Choose snacks from the four major food groups because these count toward your daily food pattern. Snacks that do not fall into the food groups, such as soda pop, rich cakes, pastries, candy bars, potato chips, and other packaged snacks found in stores give a poor return for your money. They are high in calories from sugars and fats and low in protein, minerals, and vitamins.

Examples of nutritious snacks:

Hamburgers
Cold meat or poultry
Tacos
Pizza
Peanut butter
Milk drinks
Milk puddings
Cheese
Yogurt
Fruit
Fruit juices
Raw vegetables
Soup

If you find that you are gaining more rapidly than you should, there are several things you can do. First, you can gradually increase physical activities. Exercise does not have to be violent to use up calories. Even such activities as walking, climbing stairs, or gardening use two or three times the calories that sitting does.

The next thing you need to consider is the size of servings of food that you eat. A serving of meat is 2 to 3 ounces – are you eating 5 or 6 ounces for one serving? Let's look at the difference in calories between a 3-ounce serving and a 6-ounce serving of several meat group foods.

	3 oz.	6 oz.
Ground beef	235	470
Chicken	170	340
Tuna fish	160	320

Choose the lowest caloric form of a food. Skim milk has about half the calories of whole milk. Use low fat cheese rather than cheese made from whole milk. Read the label – several cheeses are made with part skim milk.

Use plain yogurt in place of sour cream in dips and sauces. Choose fresh fruit instead of desserts. Try using just one-half the butter or margarine you would usually use. Don't eat the crust of the pie.

If you find that you are hungry, fill up on low-calorie foods that give you lots of vitamins and minerals.

Avoid foods that are made mostly with fat and sugar. Raw fruits and vegetables are a good choice because they give you some chewing to make your mouth feel good, fiber to fill your stomach, and an extra amount of vitamins and minerals.

Your meals can be low in calories if you load them with vegetables and use single servings of meat group foods.

Remember that pregnancy is not the time to lose weight. Both you and the baby need enough nutrients and calories to maintain health. The baby needs enough to "grow on."

Don't forget about two other important parts of your diet – water and fiber.

Water carries nutrients to all the body cells and it carries wastes away. It keeps your body at the right temperature.

Although you lose about 2½ quarts of water a day, it is easy to replace. Water is supplied by vegetables, fruits, beverages, and soups. If you are trying to control your weight, drink water instead of soda pop or other sweetened drinks.

Fiber is found in plant cells. It is the tough, undigestible part — such as the bran of wheat or the strings of celery. Fiber moves food through the digestive system and helps to remove the wastes after digestion. Foods with lots of fiber are low in calories.

Besides eating the foods you need to keep you and the baby healthy, there are some things you should avoid.

Take no medicines or drugs without the doctor's okay. This includes aspirin or other pain killers, antibiotics, sleeping pills and tranquilizers, narcotics and amphetamines, cough syrups, and laxatives. Everything you eat or drink gets to the baby in the same way. Some medications "pile up" in the baby and have a greater effect on the baby than on the mother.

Alcohol may cause birth defects in the children of mothers who drink heavily during their pregnancy. Drinking three or more ounces of alcohol per day is a major risk to the unborn baby. Heavy drinkers who reduce the amount of alcohol during pregnancy have babies with fewer birth defects. Moderate alcohol intake may increase the risk of birth defects and cause low-birth-weight babies. Low levels of alcohol also may result in learning and behavioral problems in infants that do not have other, more obvious birth defects.

Both caffeine (from coffee, colas, tea, and chocolate) and smoking can cause small babies. Low-birth-weight (under 5½ pounds) is dangerous. Your baby's health and sometimes even its life are threatened by low-birth-weight.

DRESSING FOR COMFORT

Discussion with poster/clothes.

These guidelines can help you decide which items in your present wardrobe can be worn during pregnancy, which items must be made or purchased, and which items might be borrowed:

1. Plan purchases to coordinate with items in your present wardrobe. Depending on current styles, you can also wear many garments after pregnancy with little or no alteration. Reduce fullness with a belt or a few seams if needed.

   Maternity wardrobes need not be large. Many wardrobe combinations can be achieved with only a few separates. Color coordinate skirts, pants, and shorts in solid colors with tops in prints, stripes, plaids, checks, and geometrics. Or match and coordinate fabric designs in skirts and pants with solid-colored tops.

2. Plan clothes around expected activities. Consider wardrobe needs for daily activities and special occasions. For example, women who work outside the home or attend formal events may need larger wardrobes. Lounge dresses or caftans are great at-home styles that you can also wear after the baby arrives.

   A cape or poncho may be a good choice for cold weather. A short or long coat should be designed with fullness across the abdomen.

3. Choose nonseasonal or transitional clothes by carefully selecting the color, fabric, and style. Navy, red, and white or cream are good maternity-wear colors because they coordinate easily and tend to be nonseasonal.

A jumper is a good transitional item which can be worn alone or with a shirt, blouse, or sweater for warmth as the weather gets colder.

4. Select clothes that are easy to care for and easy to get on and off. Buttoning a dress up the back may become a difficult task in the later months of pregnancy.

5. Choose comfortable shoes with good arch support. Since feet may tend to swell, shoe sizes and styles that allow for this will provide greater comfort. Avoid shoes which are difficult to walk in or which upset your body balance, such as very high heels.

6. Select your usual garment or pattern size unless you gain enough weight all over the figure to warrant a larger size. Adequate ease for waist and abdomen expansion is planned in maternity ready-to-wear and patterns. Choosing larger sizes causes improper fit in neck and shoulder areas where weight usually is not gained.

7. Include comfortable and attractive fabric in the maternity wardrobe. Today's stretch fabrics are ideal for "growing" with the body. Soft, light- to medium-weight fabrics are usually more comfortable for any season, especially if you select natural fibers or blends with natural fibers. Fabrics with good body create an attractive appearance. Avoid clingy or very sheer, unlined fabrics.

8. Select styles and colors becoming to you. Styles that allow the fabric to follow the natural curve of the figure are attractive. These may be tent-like, falling loosely from the shoulders, or semi-fitted in the bodice area, falling loosely from the bust. Avoid styles which may not be practical for frequent or long-term wearing. Backless styles, for example, prevent wearing a bra.

   While one-piece dresses are attractive and generally flattering, separates are more versatile. If you choose separates, see that the bodices are long enough to cover the abdomen.

   To deemphasize the middle contour, focus attention upward with attractive necklines and yokes, colorful scarfs and jewelry, or decorative trim near the face.

   Vertical lines, small subtle prints, and darker colors usually flatter the figure. Avoid tightly fitting clothes which create unattractive wrinkles.

Discuss expandable features in maternity wear.

Clothing that allows for growth, particularly through the abdomen, is most functional. Look for the following expandable features in ready-to-wear and pattern styles, or add them to clothes you already have:

- Insert panel with two-way stretch can be purchased or made from scraps of stretch fabrics. Inexpensive panels may be made from discarded T-shirts dyed to match the garment fabric.
- Higher cuts on front waistlines of pants allow additional length over the abdomen.
- Multiple side seams can be stitched at 1/2- to 5/8-inch intervals (1.3 cm to 1.5 cm) to let out as the pregnancy progresses. Instructions for other expandable techniques may be included in pattern guides.
- Pleats, tucks, or gathers in dress or bodice fronts allow for expansion. Fullness may be controlled by a tab or tie which can be released slightly or removed completely for expansion.
- Several tucks in elastic for casings can be stitched at 1/2- to 1-inch intervals (1.3 cm to 2.5 cm) across the end of the elastic and tacked near casing opening for easy removal. When additional width is needed, open casing, remove one or more rows of stitching in the elastic, and restitch casing opening.

- Adjustable skirt hooks or a series of buttons or snaps on waistband will allow only slight expansion.

- Tie-front opening in nonstretch fabrics may be covered with a panel which buttons or snaps to the waistband and adjusted as needed.

Discuss undergarments for maternity wear.

Comfortable, nonrestricting undergarments that are soft, absorbent, and easy to launder are ideal. Undergarments worn before pregnancy can be worn for the first few months. Choose bras with good support and control for greater comfort and to help prevent stretch marks. Avoid stretch straps which may not support adequately. Ask a salesperson for help in selecting a bra that fits properly.

Change bra sizes as often as necessary for comfort. While the greatest increase may be in the cup size, a larger bra size (circumference) also may be needed. Special maternity bras are available. They are cut higher under the arm to give greater control and may have expandable features for slight increases in cup size. Pads may be added to absorb breast secretions (colostrum) and to keep clothes from being spotted.

Nursing bras are convenient for breast feeding. Purchase these just before the baby arrives. The cup should be large enough to accomodate increased breast size when lactation begins. Continue to wear maternity or nursing bras until breasts return to their normal size. A different bra size may be too large or too small.

Choose slips that provide for necessary expansion. Stretch panels, elastic, or extra gathers provide fullness through the bust and abdomen in whole slips. Half slips need adequate expansion through the waist and abdomen. Maternity slips have extra fullness and length in front to allow for abdomen expansion and posture changes.

You may need to select panties in a larger size with nonconstricting elastic, or maternity panties with front-stretch panels. Cotton panties are especially comfortable.

If you plan to continue wearing a girdle, be sure it is not too tight. Girdles are not intended to disguise or constrict the figure, but to give support. If your doctor recommends a girdle for back support, obtain a maternity girdle with support panels under the stomach and special support across the upper back.

You may continue to wear your usual hosiery if you follow certain guidelines. If you prefer pantyhose, you may need a larger size than before. Be sure that waist elastic is not uncomfortably tight. Maternity pantyhose with inset stretch panels are available. If you wear regular hose, use a garter belt or girdle for support since round leg garters can cut off blood circulation and cause varicose veins.

Special maternity wear undergarments are available in maternity wear specialty shops, large department stores, or through mail order catalogs.

Selecting and wearing attractive maternity wear can help you feel better because you know you look your best. Today's maternity clothes and lingerie follow the same fashion trends as regular women's wear, but allow the necessary fullness for figure changes. Plan your wardrobe carefully and you will look lovely for any occasion.

EVALUATION

1. Have participants identify changes that they need to make in their daily food intake according to their tabulations on "How Am I Doing?"

2. Have participants list three features to look for in selecting maternity wear.

   a. *Easy care; easy to get off and on*
   b. *Comfortable*
   c. *Clothing that allows for growth, particularly through the abdomen*
   d. *Nonseasonal and transitional clothes*

HOW AM I DOING?

Write down everything you have eaten in the past 24 hours (1 day). For each food group, put a check (✓) in the column of the correct food group. Add the number of servings in each food group to see if you are following the "Daily Food Guide for Pregnancy or Breast Feeding."

TIME OF DAY	DAILY FOOD GUIDE						
				Fruits & Vegetables			
	Protein Foods	Milk Foods	Breads, Cereals	Vitamin C Rich	Dark Green Vegetables	Other	Other Foods
Morning:							
Afternoon:							
Evening:							
This is how many servings I ate today							
This is how many servings I need while I am —							
* Pregnant	4	4	4	1	1	1	
* Breast Feeding	4	5	4	1	1	1	
This is how many servings I should eat							

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BABY AND YOU SHORT COURSE

LESSON 3
PREPARING FOR BABY'S BIRTH

TIME: 1½ - 2 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Perform recommended prenatal exercises in order to improve physical condition.
- Evaluate clothes for infants and children up to 18 months.

RESOURCES NEEDED

Prenatal Exercises

- None

Wrapping the Wee One

- 3 transparencies (check up on baby clothes and baby clothes time line)
- "Clothing Needs of Young Children," FSHEA9
- "Clothes for Infants and Toddlers," EL 510

INTRODUCTION

This lesson was written to help parents make informed decisions about prenatal exercises and practical, easy-care clothes for the infant within the family's budget.

PRENATAL EXERCISES

For many years various techniques have been available to assist a woman in preparing for childbirth. The popularity of training for childbirth continues to increase as women and couples choose to participate as fully as possible in an experience that may occur only once or twice in a lifetime.

Often the commitment to prepare for labor and delivery overshadows the special needs of the body while it undergoes vast changes during the childbearing year – from conception through postpartum adjustment. Physical preparation is important prior to and during pregnancy, and even more important during postpartum. If an expectant woman is to be at her best throughout pregnancy and if she is to prevent future complications, it is essential that her physical condition be improved to meet the physical challenges of the childbirth experience.

Birth is a natural physiological process which may be accompanied by potentially destructive factors that place the body at risk. Therefore, you must see to it that the body has the extra help it needs in its physical development, to provide support for the maturing baby without causing the mother undue strain or gynecological problems. During pregnancy the body undergoes vast hormonal and physical changes which include the stretching of muscles, softening of ligaments, and loosening of joints. Whether your body's structural supports are adequate to meet and recover from these changes depends on you. The muscles are placed under great stress and their function may alter if care is not taken. Therefore, it is important that you exercise and maintain control of the voluntary muscles. Such exercise will provide significant benefits not only throughout pregnancy, but for a lifetime.

Training for birth requires more coordination and relaxation than physical exertion. During birth the uterus works alone to ensure that the baby is born with or without your help. Within six weeks after delivery, the uterus will continue its involuntary contractions and return to its original size. Only through your physical efforts will your other muscles return to their former size and function.

It's a woman's responsibility to herself to establish a lasting pattern in which exercise maintains optimum muscle strength and length, relieves nervous tension, and thus becomes an essential part of healthy living. Human evolution and our cultural and personal habits explain why today's women need more than ever before to exercise prior to and during pregnancy and postpartum.

Pregnancy accentuates certain body parts as structural weaknesses and potential problem areas. These include the backbone, the abdominal muscles, and the pelvic floor muscles.

The backbone develops curves to counteract the forces of compression that gravity causes in the erect posture. These curves become more pronounced during pregnancy as the body's weight increases and the center of gravity moves forward in relation to the spine. If muscular support is inadequate, the increased stress causes the pelvis to tip forward and posture to be poor, which results in fatigue and backache.

The abdominal muscles support the increasing weight of the baby and are required to be stronger and more elastic than usual. If the abdominal muscles become stretched and weakened, they will strain rather than support the backbone.

The pelvic floor withstands the forces of gravity and increased pressure within the body and supports the pelvic organs. During pregnancy, the pelvic floor may be stretched by the additional weight it must support as the uterus gets larger. During delivery, the whole supportive sheet is greatly stretched and may be damaged.

Childbirth preparation and rehabilitation afterward are not complicated or strenuous. By concentrating on certain body parts and their changing roles, you'll be able to ease the adjustments and give yourself the best preventive care. The muscles you prepare before birth are the same muscles you restore after birth.

No exercise program is complete without learning relaxation and efficient breathing techniques.

When to Start Prenatal Exercises

Women should begin prenatal exercises as soon as possible, even before they conceive. Women accustomed to a certain amount of physical exercise may continue during pregnancy, providing the pregnancy progresses normally and the exercise doesn't bother them. However, undue exertion must be avoided. Also, exercises and occupations that involve a high risk should be avoided.

Today, physicians recommend exercise throughout pregnancy. Walking is a healthful activity that a pregnant woman should include in her daily routine. However, before you embark on an exercise program, talk it over with your physician. Women with heart diseases and other chronic ailments must modify their activity.

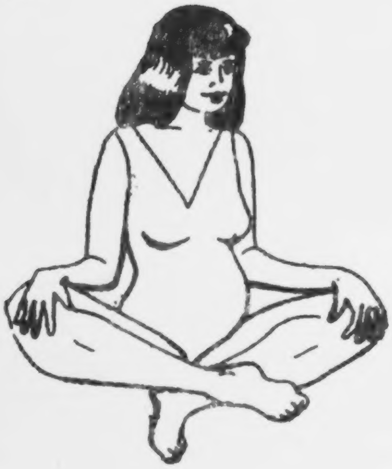
Tips for Exercising

1. Start slowly; warm up the muscles before attempting demanding exercises. Taper off gradually. One method of tapering off is to work back through the exercises in reverse order.
2. Do not overexert yourself in the beginning.
3. Exercise for short periods and often. Avoid exhausting sessions. Try to include some of the following exercises in your daily routine:
   - When standing or sitting, tighten the abdominal wall.
   - Squat to lift any heavy or light object.
   - While watching TV, sit on the floor like a tailor.
   - While feet are elevated, rotate ankles.
   - Rotate shoulders after feeding infant.
   - Check posture when passing a mirror.
4. If you feel breathless, dizzy, or tired, stop and rest. Waste products build up during physical activity which can cause muscles to quiver or bring on fatigue, until the body adjusts. After relaxation, stretch the whole body a couple of times and take one or two deep breaths before getting up from a horizontal position. If resting on your back, roll onto your side before sitting up.
5. While exercising, do not hold your breath. Holding your breath can strain the abdominal wall or pelvic floor. Coordinate your breathing with the exercises. A helpful tip is to exhale as you exert during physical activity.
6. Perform exercises slowly and completely. Be in control of both the position and the exercise. Never force stretching and limbering activities. Avoid pushing, pulling, and leaning activities which can cause balance to be lost and muscles strained. Avoid the bicycling and candlestick exercises.
7. Avoid exercises which require a lot of leverage. Leverage is a progressive exercise, not a beginning exercise. During the childbearing years, never attempt double leg raising.
8. Avoid exercises that increase the hollow in the back. Excessive hollowing of the lumbar area (small of the back) puts additional stress on the already stretched abdominal muscles and compression on spinal joints. The softened ligaments can be strained leading to back pain.
9. Use a variety of exercises which can be done in different places and positions without requiring equipment or preparation.
10. Modify the exercises to fit within your own limit of comfort and tolerance. Gradually progress at your own pace. Alternation rather than repetition of the same muscle groups is recommended when exercising. Multi-repetitions cause fatigue and stiffness. Pregnancy is a time to become more in tune with your body, so use the exercises to increase your awareness of your breathing, muscles, joints, and posture. Regular exercise is important to help you relax, to tone your muscles, and to help condition your body for childbirth.

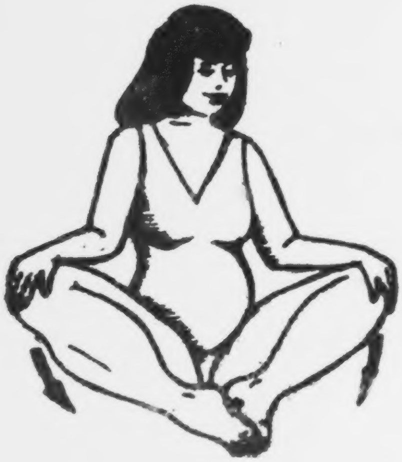
EXPLAIN AND DEMONSTRATE PRENATAL EXERCISES – Explain the prenatal exercise first, then demonstrate the exercise. Have the participants perform each exercise. Or have a resource person explain and demonstrate recommended prenatal exercises.

Prenatal Exercises

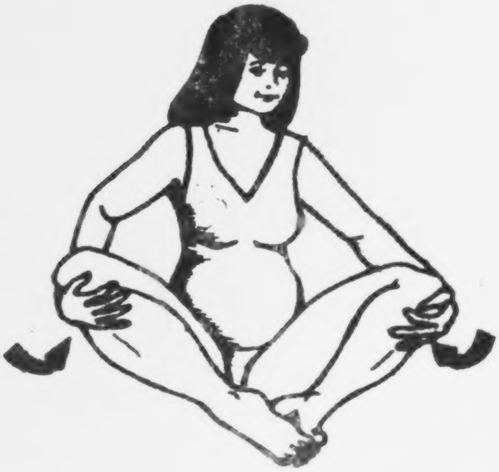
Tailor Sitting strengthens the groin and leg area used during childbirth.



Position 1: Sit on the floor and bring your left foot towards you so it touches your body. Bring the right foot toward your left foot, but do not cross your ankles. Lean forward slowly until your knees touch the floor. Sit this way for a few minutes several times a day.



Position 2: Sit on the floor with knees apart, bottom of feet together, and heels close to the body. Press your knees toward the floor while providing resistance with your hands underneath the knees. This position increases the range of motion and also strengthens the pectoral muscles which lie underneath the breasts.



Position 3: Exercise your outer thigh muscles actively to bring the knees closer to the floor. This activity relaxes the inner thighs.

Kegal exercise strengthens the pelvic floor muscles.

Position: This exercise can be done in any position at any time. Sit, stand, or lie down.

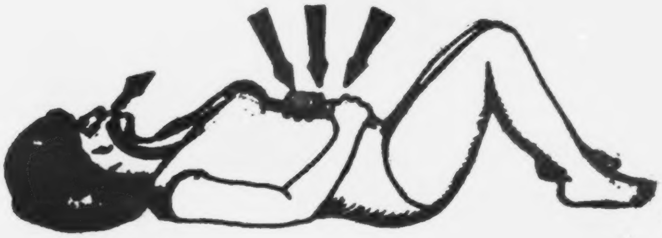
Exercise: Pull in and tighten the muscles around the vagina; hold for three to five seconds; relax. Do only 5 in succession before resting. Exercise gains voluntary control of the vaginal muscles, as well as increasing the elasticity.

Note: To locate these muscles, stop and start the urine flow during urination.

Pelvic Tilting improves posture, strengthens the abdominal and back muscles, and relieves backache.

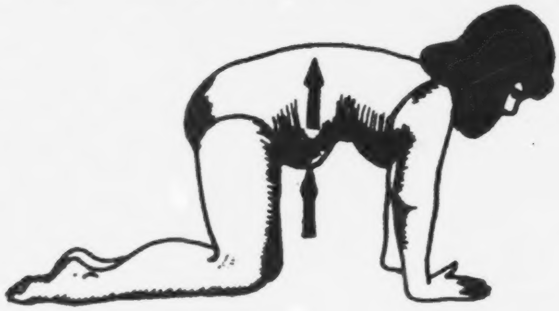
Position 1: Lie on the back, knees bent, feet flat on the floor.

Exercise 1: Roll the pelvis back by pressing the lower back against the floor. Contract the abdominal muscles and tighten the buttocks on the outward breath. Hold the position for three seconds; relax. Do 5 in succession before resting.



Position 2: Get on your hands and knees with hands directly under shoulders, knees under hips. Hold the back in the neutral position with the small of the back flattened, not hollowed. Keep the head aligned with the straight back. Hold the elbows and knees still.

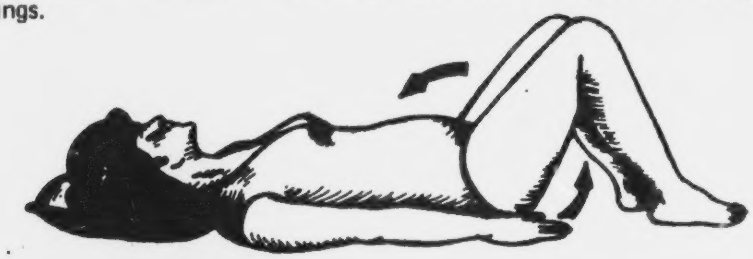
Exercise 2: This exercise is called the cat-back or the "angry cat." Pull in the abdominal muscles and buttocks while pressing up with the lower back. Hold for a few seconds, then relax. Allow the back to return to the neutral position **only**. Hold the muscles a little tense to maintain this antigravity position. Letting go completely would allow the lumbar spine to sink down into a curve; back muscles may go into spasm trying to counteract the drag of the weight underneath.



Abdominal-Tightening combines deep breathing with abdominal muscle work.

Position: Lying on back or sides, knees bent. Place hands on abdominal area below ribs while learning; remove them later.

Exercise: Take a deep breath through the nose. Hold the ribs still as possible; let the abdominal wall expand upward. Then slowly, but forcibly, blow the air out through the mouth while pulling in the abdominal muscles until you feel you have completely emptied the lungs.

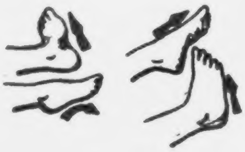


Foot Exercises will assist the return of the blood from the lower legs and will minimize varicosities and swelling of the ankles.

Foot-Bending and Foot-Stretching

Position: Sitting, standing, or lying. Legs can be relaxed over a pillow or feet can be elevated. Other times, rest foot on the opposite knee. Sitting with the legs out straight provides additional stretch of the calf muscles.

Exercise: Bend the ankle as far as possible, pulling the toes up toward you. Then point the foot downward, making an arch. Do this several times, then rest for a short period of time before repeating. If pointing the foot results in cramps, stretch up — relax — stretch up.

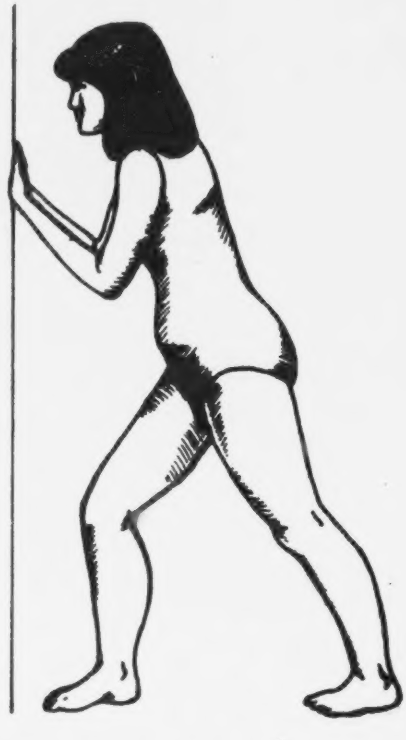


Ankle-Rotating

Position: Sitting, standing, or lying.

Exercise: Slowly make large circles with each foot; first in a clockwise, then in a counterclockwise direction. You can rotate one foot at a time, or do both feet together, or move them in opposite directions. Repeat 5 times.

Calf-Stretching helps to eliminate leg cramps.



Position: Stand with one foot well in front of the other. Keep back straight and heel on the floor.

Exercise: Gradually bend the front knee and lean your weight onto it, without raising the back heel from the floor. Widen the stance to increase the stretch.

SELECTING INFANT CLOTHING

Part of the excitement of waiting for a new baby is getting the tiny clothes. As you select the clothing, the baby's comfort should be uppermost in your mind. If the child feels comfortable and secure, it doesn't matter if the garments are pink or blue, purchased or inherited. There is a large selection of infant apparel on the market today, and parents-to-be may be tempted to buy more than they need or impractical items.

Shopping for baby is a delightful experience. But unless you have an unlimited budget, you'll do well to keep your feet on the ground and buy the essentials first.

What are the essentials? Three to four dozen diapers will be needed if diaper service is not used. One dozen of these could be disposable.

Four receiving blankets are needed. The baby wears them immediately after a bath and sometimes when napping. These blankets are handy for covering and protecting areas where the baby is sitting or lying down.

Shirts help the baby maintain a normal body temperature. Get at least four. Two major styles are available. One overlaps in front and fastens with tape-reinforced snappers. The second has no fastenings. It is tubular with a flexible neck opening to permit easy dressing and undressing.

Two or three pairs of waterproof pants should serve baby's needs. Since these do not breathe, they can be uncomfortable. They are recommended for "dressy" occasions, rather than for wear all of the time.

For sleep and play, the baby needs four to six outfits. These come in a variety of styles, including gowns that fasten down the back, gown-and-sleeping-bag combinations and sleepwalkers.

In selecting baby garments and accessories, look for these characteristics: soft, durable, absorbent, easily laundered fabrics, and sturdy, well-constructed seams.

The design should be simple, permit easy dressing and be ample in cut to allow for freedom of movement and growth.

The weight and height of the child determine what size to buy.

Use the fact sheet and leaflet listed along with the transparencies to discuss the clothing needs of infants and children up to 18 months. (Clothes for children over 18 months will be discussed in the 4th session.)

If time permits, borrow a few infants' clothes and use these in your discussion or display the garments for them to look at during a break.

EVALUATION

– Six months later survey the participants to see if they completed the items on the following checklist:

PREPARING FOR BABY'S BIRTH

Yes No

____ ____ Did you (mother) follow a recommended prenatal exercise program?

Does the clothing you selected for your infant or child:

____ ____ Allow the child to move freely?

____ ____ Fit well around the necklines and collars without binding or rubbing and yet go over the head easily?

____ ____ Allow enough room for action around the sleeves and armholes?

____ ____ Allow for ease in care?

____ ____ Allow enough room to fit comfortably over other clothing? Example: coats, jackets, snowsuits, etc.

____ ____ Prevent the child from stepping on hems and tripping as he/she moves?

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CHECK UP ON BABY CLOTHES

______ **FIT** – Critical for comfort and safety.

– Does clothing allow baby to move freely?

– Adequate fullness in seat, armholes, pant legs, and crotch.

– Neckline and collar slip over head easily.

______ **SIZE** – Based on measurements – height and weight.

– Better guide than age.

– Varies from one manufacturer to another, so check garment label, hang tag, or package information.

______ FABRIC – Knits have built-in stretch – lets baby grow and move.

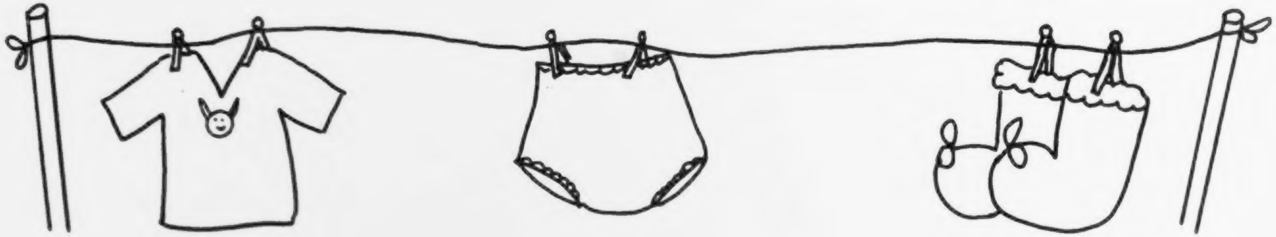
– Cotton – absorbs well.

– Choose bright colors and appealing patterns or appliques.

______ SAFETY – Check that trims, decorations or closures are firmly attached and made of safe materials.

– Look for flame resistant clothing (this means the spread of fire will be slowed, not prevented).

BABY CLOTHES TIMELINE



Birth – 3 Months

- Growth is rapid
- Easy on and off clothes
- Warm
- Comfortable
- Easy to wash
- Loose-fitting

3 Months – 6 Months

- Baby learns to turn over and hold head up
- Freedom of movement (waving arms and legs in air)
- One-piece coveralls and sleepers come in stretch fabrics that grow with baby

6 Months – 1 Year

- Increased activity and longer waking hours mean more clothing
- Pull-on undershirts are good as baby sits alone
- Styles that slip over head easily
- Warmth, but not interfere with crawling and other movement

Cooperative Extension Service

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BABY AND YOU SHORT COURSE

LESSON 4
ADJUSTING TO MOTHERHOOD

TIME: 2½ - 3 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Determine that appetite and food needs are related to rate of growth.
- Point out that eating also provides experiences that are necessary for the development of emotional well-being and physical skills.
- Use a series of developmental activities to help babies grow and develop.
- Design (females only) a postpartum exercise program to restore firmness and muscle tone of the abdominal and pelvic muscles.

RESOURCES NEEDED

Baby's First Food

- "Helping Your Baby Grow From Birth to Six Months," slides and script; order from film library (use slides 1-22).
- "Breast Milk and Milk Formula," FSHED42
- "Nutrition During Lactation," FSHED71

Developmental Activities

- "Developmental Activities for Parents and Children," FSHE129

Postpartum Exercises

- Examples are included in the lesson.

INTRODUCTION

Your baby is learning that the world is a comfortable place to live. When hungry, you feed him; when wet, you change him. If you help him learn that the world is predictable and reliable, he will be more eager to become independent and a well-adjusted explorer later.

Now is a good time to think about how to feed the new baby. Will you breast feed or bottle feed the baby? This lesson will help you explore the pros and cons of breast feeding or bottle feeding your baby. Your baby can be healthy, happy, and strong either way. The postpartum exercises will help the mother restore her body to its pre-pregnancy state of efficiency.

BABY'S FIRST FOOD

The American Pediatric Society currently recommends breast-feeding for all infants because of the advantages to the nursing mother and her infant.

Nutrients in breast milk are in an easily digestible form and ideally suited to an infant's needs. Breast milk alone can provide all of the nutrients needed by most infants for the first six months of life. Adequate amounts of vitamins and minerals are also usually present so no supplementation is necessary. However, the child's pediatrician may prescribe vitamin D for an infant and may often encourage a mother to give a breast-fed infant supplemental fluoride.

Besides getting the nutrients needed for growth in the ideal form, a nursing infant also receives other health benefits from the diet. Studies have shown that breast-fed infants have fewer gastrointestinal illnesses such as vomiting and diarrhea and respiratory illnesses such as colds and infections than bottle-fed babies. Breast-fed infants also have fewer allergic reactions than those nursed on the bottle.

Some studies also suggest that the breast-fed infant is less likely to become overweight. This may be because the breast-feeding mother is not able to see the amount of milk her baby is taking. Therefore, she does not force her infant to take every last drop of milk as with those on the bottle.

A very definite advantage of breast-feeding to the nursing mother is that she won't have to buy, prepare, and sterilize bottles and formula. Breast-feeding has also been reported to help a new mother return more quickly to her pre-pregnancy weight because of the extra calories needed for milk production.

Another important advantage of breast-feeding is the closeness that many mothers report between themselves and their infants. Many women describe the time spent breast-feeding as very special for both themselves and their child.

Breast-feeding provides the best start for an infant's life and can be a wonderful experience for both the nursing mother and her infant, and provides the best start for any infant's life.

However, each mother must make her own decision.

DISTRIBUTE – "Breast Milk and Milk Formulas." Point out the advantages of each type of feeding.

Some things to consider besides health are time, money, and feelings.

It may help you decide if you make a chart and list the advantages and disadvantages of each method.

What kind of time pressure do you have? Will you work outside the home? How close will you be to the baby? It may be possible to breast feed the baby for a month and then combine breast feeding with bottle feeding until the baby is weaned.

It may help you to discuss how to feed the baby with several relatives or friends before you make up your mind.

DISTRIBUTE – "Nutrition During Lactation," FSHED71.

What are the costs involved? There is less cash outlay if you breast feed. Mother's milk has many nutritional benefits for the infant. Your diet should be slightly increased, however, to meet the extra demand for energy, protein, calcium, and other nutrients. The diet for a nursing mother should include:

Vegetables and fruits	5 to 7 servings
Breads and cereals	4 or more servings
Meat group foods	3 or more servings
Milk group foods	4 to 6 servings

SHOW SLIDES 1-22 – "Helping Your Baby Grow From Birth to Six Months."

Both breast milk and most infant formulas are low in protein compared to cow's milk. The level of protein in human milk and formulas is matched to the infant's need for growth and maintenance. The protein:energy ratio of cow's milk is much higher. If whole milk is used as an alternate to human milk or formulas, nutritional problems are likely to develop. These include energy imbalance, protein loading and salt loading, as well as a risk of developing deficiencies of iron, vitamin C, and copper. Cow's milk is not recommended until the infant is at least 6 months of age. Many pediatricians do not recommend switching from formula until 12 months of age. Skim milk and 2 percent (fat) milk should not be fed to infants during the first year of life.

DEVELOPMENTAL ACTIVITIES FOR THE BABY

Caring for a baby, watching him grow, is perhaps one of the most rewarding experiences a parent can have. The baby's senses are ready to work when he is born. Parents can help his sensory system develop through play. During the first year of life, the infant is growing more rapidly than he will at any other time. He will be learning many things during this first year.

He will learn about himself – He will discover his hands, fingers, and later his feet and toes. He will learn what he can make his body do. He will learn that he is a separate person from his mother.

He will learn about the world – That the wind or air is cold on his face. He will learn that the floor is hard and smooth. That he can make noises with pots and pans.

He will learn about others – That they respond to him; that he can make them laugh; that they care for him.

A baby learns with experience. When the baby is fed when he is hungry, changed when needed, he begins to learn that the world is a safe place. If, on the other hand, the baby's needs are never met when important to him, he begins to learn that the world is unsafe. Everything is a teaching experience. Enjoy your baby. Allow your enjoyment to show on your face. BE CAREFUL NOT TO OVERTIRE HIM.

Babies Learn By Looking

Give your baby something to see. Hang a mobile over his crib or:

- Tie bright-colored magazine pictures, colorful scraps of material, old costume jewelry, or pieces of plastic straw or string and hang them from a clothes hanger.
- Hang keys and rattles from the crib.
- Hang a shiny aluminum pie pan, a crushed ball of aluminum foil, or a brightly colored piece of crumpled tissue paper where it can twist in the wind.

- Put some pictures on the walls for the baby to see.

- Shift the baby on another side of the crib when he is put down so that an altered light perspective can excite his eyes.

- Attach a toy to the side of his crib so that he can see it. The newborn keeps his head to one side when he is on his back and will soon enjoy colorful objects within his view.

Although the very young baby will not be able to reach up and grab the mobile, you will want to be very certain that everything you tie to the hanger is securely and firmly attached and has no sharp, pointed edges.

One of the most interesting things for the baby to see is your face. Your face is important to the baby; it talks to him, smiles at him, and laughs at him. When the baby smiles, your face smiles back, and when he gurgles and coos, you coo back at him. With these pleasurable experiences, the baby learns he is loved and enjoyed.

During the first year of life, the baby enjoys imitating actions such as:

- Moving the head from side to side.
- Waving bye-bye.
- Hitting the table with the hand.
- Waving a toy in the air.

Have something for the baby to watch while you are changing or dressing him. A small mirror near his dressing table is fun for the baby to see himself.

All babies are different, and each one will act in a different way. If he's smiling and watching to see what will come next, he's most likely having fun and wants more. Follow the baby's cues and he will tell you what he likes and doesn't like. If the baby fusses or cries or seems restless, he's had enough and it's time to stop.

Babies Learn By Listening

Every time the baby hears a sound, he's learning, and because he enjoys hearing new sounds and interesting things, he wants to learn more and more about his world.

- Sing to the baby - even if you can't sing a note. The baby will be delighted and impressed with your ability as you sing nursery songs to him while you change or dress him.

- Place a ticking clock in his room for a short period of time.

- Rattle some plastic keys by the baby's ears. Give him a safe rattle to hold.

- Hang a set of Christmas bells or a wind-chime in the doorway, treating the baby to a new tune.

- Take the baby with you around the house as you work or play with the other children. Let him see and hear the sounds of living — the whirl of the egg beater, the laughter of children, the water rushing in the sink.

- Occasionally allow a radio to play softly in his room.

Babies Learn By Feeling

You are the best thing that the baby can touch and feel. The warmth of your body as you hold him, your soft skin or clothes, the rhythm of your body as you rock or walk, these are things the baby needs to feel, and the things the baby learns from.

- Shift the baby's position. He may be placed on his stomach as well as on his back.

- While he is being dressed, gently massage for short periods his stomach, back, shoulder, arms, or legs.

Babies need toys to feel — strings of plastic beads, rattles, floating bath toys or balls; toys to shake, push, pull; and toys to finger, hold, touch, and drop. As the baby feels, mouths, or touches his toys he learns, and if he can make the toy do something, he begins to learn that he is important in his world — he can make something happen.

- Make a cradle gym out of empty thread spools, plastic bracelets, and other nice-to-pull objects suspended securely on elastic across the crib. When the baby pulls the objects, the string stretches, and when he lets go the objects bounce back. Cradle gyms give the baby a chance to exercise his arms and legs.

- Find playthings that are safe and have different textures. Find something that is soft, smooth, rough, bumpy, or fuzzy.

- Make a cloth ball for the baby.

Babies Learn By Being Talked To

The ability to use language is one of the most important skills the baby will learn. The child entering school with the ability to listen and understand the spoken word and the skill to express himself through words is well on his way to achieving success in school.

Every time you care for the baby — change his diaper, feed him, or wash him — talk to him, look at him, gain his attention by touching his arm or leg and tell him "Now you are clean and dry." "Just a minute and we'll get your bottle," "My how hungry you are." If the baby gurgles to you, gurgle and coo back. When the baby is 10 or 12 weeks old, he may start to say "ahh—." If the parents will imitate the sound that he makes, the baby will in turn imitate the parent. This imitation of baby and parent should continue throughout his cooing development. Later the parents can try new sounds to see if the baby will imitate these. Repeating his sounds helps him begin to learn his language. Soon he can imitate actions such as these:

- Smacking the lips as in kissing.
- Blowing, whistling, or puckering the lips.
- Making a coughing sound.
- Breathing hard or making a panting sound.

When the baby is older, use his name all of the time. Talk to him about the things you are doing. "John is eating." "First put your leg here, and you'll be dressed." Before long, the child will begin to raise his arm when you say "now your arm goes through this hole," or he'll wave "bye-bye" when someone he knows says "good-bye," or he'll laugh excitedly when you tell him "your daddy is coming."

Even after the child has begun to talk, he may only point to an object that he wants. Encourage him to ask for it in words. If he says only a single word or pronounces it imperfectly, accept and praise his effort. If he wants water but only points to the sink and grunts, tell him "water." He may only be able to say "wah-wah" at first. Later he will be able to say "water," and finally "I want water." You can model for him by saying all these words.

Sing nursery songs to the baby. Pat-a-cake may seem old hat to you, but to the eight-month-old baby it's new and delightful. The rhythm, sound, and pattern of the language found in nursery rhymes, plus the personal response you give the baby, help the baby enjoy learning the sounds and patterns of his langauge.

Begin reading to the baby very early in his life. By four to six months of age, you can hold the baby on your lap and show him pictures in a magazine or book. The baby may pat the picture, gurgle, and squeal over it. Show him picture books of animals, and make the sounds of the animals, naming them as you go along. The older baby will try to make sounds back to you. The holding, the sound of the human voice, and seeing the bright pictures in a book are all pleasurable and enjoyable experiences for the baby. Soon the baby will be able to point to the dog, rabbit, or the baby when you ask, "Show me the . . ." When he is able to name objects, help him to practice these labels: "What is this? Yes, that's your shoe."

Make books for baby. Cut out pictures from magazines or catalogs, and paste these on cardboards from stocking packages or other clothing packages. Tie these together with a shoestring and your have a sturdy "book" for baby. Put animal pictures in one book, food in one, and people in another.

The child learns to understand his world better when he can put things into categories:

- Give the child five pictures of food and five pictures of dogs. The task will be easier if you can provide open boxes with a picture for the proper classification. Say, "Put the things you eat in the box for foods. Put the dogs in the box for dogs."
- Colors can be taught by matching. Put a red sock on the child's foot. Show him a blue sock and a red sock and say, "Which one goes with the other one on your foot?"

Babies Learn As They Play

The young baby learns and plays by looking, listening, and feeling. As he grows, he tries out what can be done with almost any old thing — balls, little boxes, spools, spoons, metal dishes. These help him to develop a sense of know-how or competence — confidence in his ability to make something happen, to accomplish something — even something as simple as a new kind of sound.

Toys for a baby should be small enough to handle easily but too large to swallow. They should be made to withstand banging, chewing, dropping, and throwing.

- Read labels on toys. Look for age recommendations. Look for safety information such as "non-toxic" and "flame retardant/flame resistant."
- Buy toys that are well constructed. Babies love rattles for mouthing and noise-making. They should be unbreakable. Beware of tiny rattles that a baby may be able to swallow.
- Avoid toys with sharp edges, brittle plastic, or glass that can shatter or break. Watch out for toys with hinges that can cut or entrap small fingers.
- Make sure toys are washable for sanitary purposes. Tiny children love cuddly playthings, so soft, stuffed dolls, and animals are always right. Be sure the eyes, ears, and nose are securely fastened, and there are NO dangerous support wires that could hurt the child if they become exposed.
- Don't buy toys that produce loud noises as they can damage hearing. Avoid toys which shoot objects that can injure eyes.
- Look for toys which are too large for a young child to swallow. Avoid toys with small parts — buttons, decorations, and squeakers in some squeeze toys. A teething infant has strong urges to chew anything, including mom's or dad's fingers. Simple teething toys, such as damp terry washcloths or an inexpensive set of cushiony teething beads can help.
- When buying toys with cords or strings such as pull toys, make sure the cords are less than 12 inches long. A cord that is too long can strangle a child.
- Remove all plastic wrappings from the toy immediately, as they can cause suffocation.

As the baby learns about things in space and about himself in space, he can play many games with his parents.

- Move a toy along the floor until it is directly behind him. See if he will turn his body around to see the toy.
- Arrange furniture so that he can creep through narrow and low spaces (between chairs, between couch and wall, under the coffee table). He will learn how he fits into a given space.
- Give him a plastic ring, perhaps from a stacking toy. He will see and feel that there is an inside and an outside.
- Give him a spindle upon which he may place rings. He'll learn something can go into a hole.
- Give the child a puzzle in which there is a round piece to fit into a round hole.
- Later, a shape box can be used to teach him about other shapes and how they fit into the proper holes.

Toys are fun, but most important in developing a baby's alertness is the kind of play that involves him with another person. Games like "peek-a-boo," "bye-bye," "This little piggy went to market," and imitating sounds are traditional ways of playing with babies. They keep the baby amused and help teach him an important lesson for this social development. Through this kind of play he learns that relating to other human beings is a rewarding source of enjoyment.

As you play with the baby, you will be able to make up games as you go along. Expensive toys do not teach more than inexpensive ones, and those which are made or discovered at home often teach most effectively of all. Most important of all is the joy and satisfaction parents experience as they watch their child develop intellectually and emotionally, knowing that they had a significant role in this exciting process.

GIVE each participant a copy of "Developmental Activities for Parents and Children." Review the major concepts with the group.

POSTPARTUM EXERCISES

Your body undergoes as many physiological changes after childbirth as it did during pregnancy, except that the changes occur more rapidly and far less attention is paid to them. This is the time to concentrate on restoring the body as quickly as possible to its pre-pregnancy state of efficiency. Physiological changes occur within hours, and postpartum exercises show results within days and weeks.

Good postural habits need to be reestablished, so that you don't continue the stance you had during pregnancy. This means consciously contracting the abdominal and pelvic floor muscles. Good body mechanics are essential to protect joints and ligaments until muscles regain their former length and strength. Abdominal muscles need to be restored to their original state. Pelvic floor muscles need to be tightened to enable them to resume their role of supporting the pelvic contents and to reestablish sphincter control.

Postpartum exercises are easier to perform if you have practiced them before. However, they should never be omitted if the body is to be restored to its former condition. Nature takes care of internal changes, but only you can change the physical outcome of voluntary muscles.

Exercises should be modified to allow for the different body and different birth experience of each individual. Muscle strength varies from woman to woman and from muscle to muscle in the same person. Therefore, it's important to design an exercise program according to individual body feedback.

When to Start Postpartum Exercises

Postpartum exercises should begin as soon as possible, certainly within 24 hours after delivery. Muscle work involved in postpartum exercises is not strenuous or in any way harmful. Postpartum exercises must be done for short periods and frequently – not in long, exhausting sessions. The muscles have been stretched and postpartum exercises will restore them to their former length and tone. This initial step must be achieved before any strengthening programs are begun.

Don't plan on taking it easy for a week or two and then suddenly begin a crash exercise program. The greatest physiological changes occur in the first week or so. Therefore, if you deliver in the hospital, begin exercising there. Don't wait until you get home, where the new routine will make it difficult for you to find time to get started. You have the greatest need for exercises during the early days and also the best opportunity to do them. The longer you postpone exercising, the more muscle atrophy and tissue degeneration will occur. You'll be surprised what you can accomplish during your brief hospital stay.

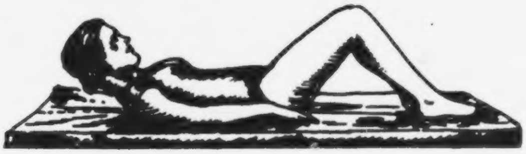
EXPLAIN AND DEMONSTRATE THE FOLLOWING POSTPARTUM EXERCISES – Explain the postpartum exercise first, then demonstrate the exercise or have a resource person explain and demonstrate recommended postpartum exercises.

Postpartum Exercises

Abdominal Exercises

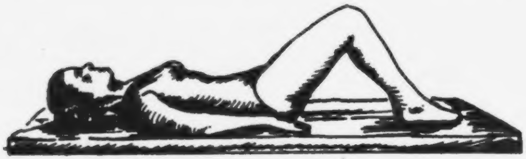
Lie on your back, knees bent, arms at your sides. Do the exercises twice a day, five times each.

A. Lift your head and try to touch your chin to your chest. You should feel your stomach muscles tighten. Hold for a count of 3, then relax.

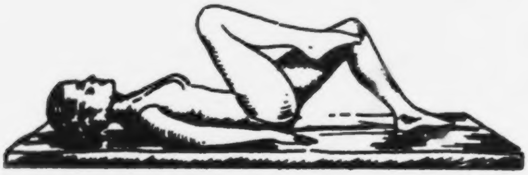


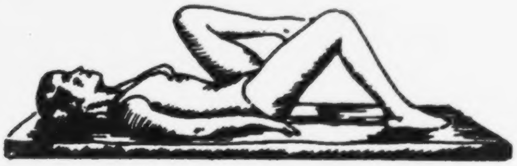
B. Squeeze your buttocks together as if trying to stop a bowel movement. Hold for a count of 3, then relax.

C. This exercise is called "pelvic tilt." Tighten your abdominal and buttock muscles while pressing your lower back down on the floor. Hold for a count of 3, then relax.



D. Do the pelvic tilt. Hold it. Bring your right knee slowly toward your chest. Then return foot to starting position. Repeat with left knee.





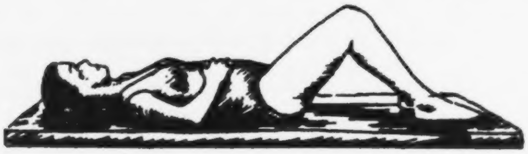
Kegel Exercise

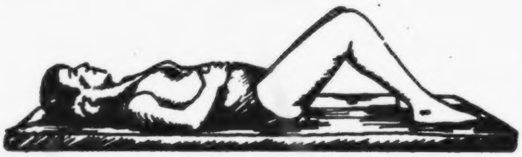
Start by lying on your back with your legs crossed at the ankles. Tighten vaginal and pelvic muscles, hold for a count of 3, and relax. This exercise feels as though you are stopping and starting urination. Start with five repetitions. After some practice you will be able to do this exercise in any position, at any time.

Breathing Exercise

Lie on your back with your knees bent and let one hand rest on your stomach. Breathe in through your nose. Breathe deeply so your hand is pushed up by your stomach. Exhale slowly through your mouth. As you exhale, your stomach should flatten.

This exercise should be done in a relaxed manner. Neck and shoulders should not move. Take three to five slow deep breaths. If you feel light-headed, stop.





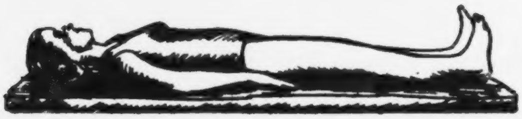
Pelvic Floor Exercise – Contract and Release

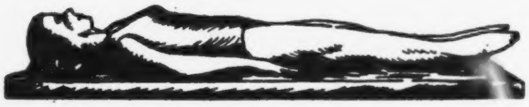
Lie down on back, side, or front. Legs apart and chest relaxed. Draw up the pelvic floor, feel the additional squeeze from the sides as the sphincters are tightened and the inside passages become tense. Concentrate on the front portion of the pelvic floor – the master sphincter surrounding the vagina and urethra. Place one hand over the pubic bones and think about tightening the birth canal as high as the level of your hand.

Hold for 3 seconds and relax. Do only two or three in succession before resting for a few minutes. Always end with a contraction to return the muscle floor to its supportive resting state.

Calf Pumping

Lie on your back with your legs straight. Move your feet up and down at the ankles. Only your feet should move. This helps your circulation.

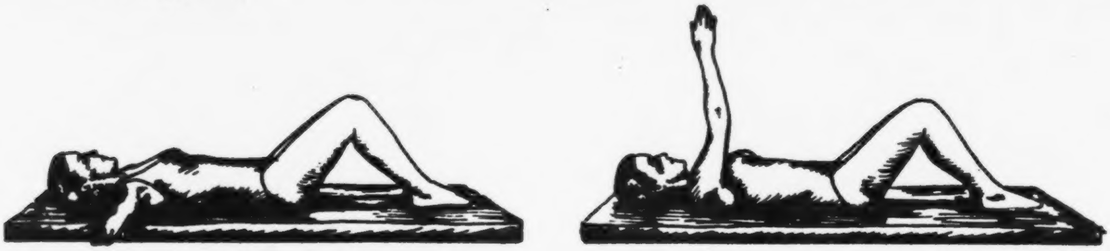




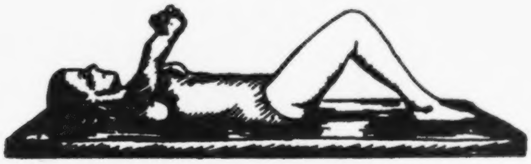
Chest Exercises

These exercises may also be done five times each, twice daily.

A. Lie on your back with your arms straight, away from your sides at shoulder level. Keep your elbows straight and bring your hands together directly above your chest. Return to starting position.



B. Clasp your hands together in front of your chest with elbows bent. Press hands together and hold for a count of 3, then relax. You should feel the muscles across your chest and under your arms tighten.



EVALUATION

1. Give three reasons for breast feeding.

2. List the food groups and amount of servings of a nursing mother.

3. When is cow's milk recommended for the baby?

4. Observe two different sets of parents interacting with their babies. Cite examples where parents were or were not helping their children learn through seeing, listening, feeling, and playing.

5. Design and/or collect recommended postpartum exercise program.

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BABY AND YOU SHORT COURSE

LESSON 5
PREPARING FOR PARENTHOOD

TIME: 2½ - 3 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Assess child care practices.
- Demonstrate how to pick up and hold, bathe, burp, diaper, and exercise a baby.
- Determine when to call a physician to attend baby's health needs.

RESOURCES NEEDED

Beginning Life as a Family

- Filmstrip, "Adjusting to the New Baby"

Caring for Your Baby

- Filmstrip, "Bathing a Baby"
- Filmstrip, "Diapering the Baby"

INTRODUCTION

This lesson was designed to teach prospective parents some important aspects of parent-baby relationships. It teaches new parents the important aspects of beginning life as a family as well as how to perform the everyday tasks of infant care.

BEGINNING LIFE AS A FAMILY

Taking your baby home from the hospital for the first time will be an exciting time. You will be proud to be a new parent. At times you may be a little nervous at the prospect of such a responsibility. But you will do fine with the help and support of your family. Just remember that you need extra rest and care. Your new baby needs much of your time. Don't try to do too much too soon. Let others help you manage the home. Go up and down stairs as little as possible.

Some mothers may experience temporary feelings of depression (often called "the blues") that may start days or weeks after giving birth. These feelings are quite normal. Other mothers, however, experience no such feelings at all. There are many reasons why a mother might experience such feelings. Maybe her body is reacting to the physical changes during and after pregnancy. Perhaps the thought of the new challenges that a baby brings to the household contributes to these feelings. In any event, if you are experiencing " the blues," remember these feelings will eventually go away. Share your feelings with others. Above all, love and enjoy your baby. Your baby needs you.

Keep in mind always that the father of your child is a new parent just as you are. He needs reassurance in learning to be a father for the first time. He also needs to learn with you about the baby. Babies should, from the beginning, get used to being handled by several people, not just the mother. Research indicates that children develop better if they learn to like and trust many people, and this, for a very young child, comes from being fed and handled and made comfortable by several different people. As he gets older, it means having fun with more people and learning from them. By sharing the baby's care, the father not only provides relief for you but adds to his own parenting skills. A few months from now, you will be surprised at the knowledge he has gained through observation and experience.

Research stresses that daddies can be just as competent at caring for young children as moms. They can satisfy an infant's emotional needs as well as mothers can. When babies start squawking, men can interpret their cries as well as women can, and men respond as well. When babies are upset, they don't automatically prefer Mom's arms to Dad's. Instead they turn to whichever parent tends them most. Babies react equally to separations from mother and from father when both parents are highly involved in caregiving. The attachment between a baby and a parent hinges on the amount of interaction that has taken place.

Fathers who make the effort to be involved with their families end up with quite a few bonuses for themselves. Active, involved fathers report higher self-image, a better understanding of their children, and a greater ability to express emotion, according to research. Also, active fathering allows men to grow in a very special way. Because fathering can help them to clarify their values and see themselves differently, fathers can learn from their children and be matured by them.

Involved fathers know the fulfillment that comes from being needed and sought by their children. They also recognize the enjoyment that comes from sharing their children's joys and influencing their development. The fathers who have terrific relationships with their kids are usually the ones who rocked the cradle, burped the newborn, and went to childbirth classes with their wives. The bonds that tie a father to his baby develop right away. Then as the baby grows, parent-child closeness develops only with intensive exposure, caregiving, and interaction.

SHOW AND DISCUSS THE FILMSTRIP – "Adjusting to the New Baby."

CARING FOR YOUR BABY

Your newborn will be adjusting to a new environment during the first days of life, even though it may appear that he or she has little energy for anything besides sleeping. In fact, many newborns seem unwilling to eat during the first few days. Some babies (and this is perfectly normal) experience a small weight loss. Around the third day of life, it is natural for some babies (because of an adjustment in the immature liver) to have a slight yellowing of skin which usually disappears when the baby begins to eat normally.

It is important to handle your baby carefully to ensure his safety and to give him a sense of security. Avoid any sudden motion that might frighten him. Remember, infant's neck muscles are quite weak. It is usually around the third month of life before your baby can hold his or her head erect. So handle your infant carefully but try not to inhibit natural movement of arms or legs. Give support to the heaviest parts of the baby's body: head, back, and buttocks.

Playing with babies and little children should always be done gently. Jiggling or jerking the child's head should be avoided. Never toss a child into the air. No child should ever be held upside down, shaken by the shoulders, or slapped on the head. This creates a high risk of severe bleeding in the brain.

Ask several mothers to bring their babies to class to assist you in demonstrating how to pick up and hold a baby, bathe a baby, burp a baby, diaper a baby, and exercise a baby.

Picking Up and Holding Your Baby

1. Have your baby facing you.

2. Slip one hand under baby's neck and head. Keep the head firmly supported and steady.

3. Slip your other hand under the baby's buttocks and up along his back. With fingers spread, support the head and shoulders.

4. Gently lift baby to your shoulder. Keep baby's head lined up straight with his backbone.

5. Support baby's head, neck, and back with one hand and arm. Cradle baby's buttocks with your wrist and hand.

SHOW AND DISCUSS THE FILMSTRIP – "Bathing A Baby."

Bathing Your Baby

Make all preparations before taking the baby to the bath. Have the room warm and draft-free. Assemble and arrange all equipment and supplies – a folded bath blanket or towel on the table, soft washcloth, mild soap, lotion, and clean diaper and clothing.

Sponge Baths

Bath time is an ideal parenting time. Your baby is most alert, receptive, and responsive at this time. Take advantage of this time to talk and coo with your baby. Cuddle your baby as you dry him. The more you "parent" during bath time, the more your baby will respond.

A newborn is given sponge baths until the umbilical cord heals. This takes about two weeks. It is best to bathe a very young infant before morning feeding. NEVER leave the baby alone in the bath. Be sure the room in which you bathe the baby is warm and free of draft. The temperature of the room should be 22-24 degrees C. (72-75 degrees F.). The bathroom is usually most convenient, if it is large. The kitchen or the baby's room can also be used.

The work surface should be sturdy. The newborn is quick to sense insecurity. Place a soft towel over the surface to make it more comfortable and less slippery. NEVER LEAVE YOUR BABY ALONE ON A TABLE OR HIGH SURFACE.

Test the bath water with your elbow. The water should feel lukewarm, or about 37 degrees C. (98 degrees F.).

Remove the baby's clothes and place the infant on the towel. During the bath, keep the baby covered except for the part being washed. It is a good idea to keep a diaper folded under and over the infant. A small baby usually wets while being bathed.

Wash the baby's face with clear water and a soft washcloth. Then pat dry. Do not rub with the towel because a baby's skin is very tender and easily irritated. Avoid using soap on the baby's face for the first three months. Cleanse genital area carefully. If your baby boy is circumcised, his penis should be protected with petroleum jelly and a gauze bandage until the wound has completely healed (usually within a week or two). Wash the rest of the body with mild soapy water, one area at a time. Rinse thoroughly. Pay particular attention to skin creases. These should be gently separated, cleaned, and thoroughly dried.

It is not necessary to clean inside the mouth, ears, eyes, or nose. Nature takes care of this. Cotton swab sticks should never be used. Babies move very suddenly and can easily be injured by them. Just wipe the outer ears, and use a pinch of cotton to remove any visible mucus from the nose.

The baby's scalp should be washed with mild soap or shampoo two or three times a week. Lather his head. Hold the head back to prevent soap and water from dripping down the baby's face. Rinse the baby's scalp with clear water. On other days just wipe the baby's head with clear water and pat dry.

Tub Baths

Avoid tub baths until baby's cord stump has fallen off and the navel has healed – about two weeks. The bath may be given in a basin, tub, baby bath, or even the kitchen sink. Fill the tub or basin about 3 inches (8 cm) of warm water.

1. Test the temperature of the water with your elbow. The water should feel lukewarm, or about 37 degrees C. (98 degrees F.). A towel may be placed on the bottom of the tub to prevent the baby from slipping.

2. Wash the baby's face with clear water and a soft washcloth. Then pat dry. Do not rub with the towel because a baby's skin is very tender and easily irritated. Avoid using soap on the baby's face for the first three months.

3. Then rinse baby's scalp with the washcloth. (Once or twice a week, soap baby's scalp with mild shampoo and rinse carefully. Be sure no shampoo gets into baby's eyes.)

4. Hold your baby in a sitting position, one hand supporting his head and neck and the other hand supporting his buttocks. Slip baby gradually into the bath water. Hold baby securely so he doesn't slip. NEVER TAKE YOUR HANDS OFF THE BABY.

5. Soap and rinse the front of the body thoroughly, all the time supporting the back firmly. Wash baby's arms, legs, and stomach with a soapy washcloth. Don't forget to clean around the neck.

6. Then shifting baby's weight forward and providing support under the chin with one hand, soap baby's back and rinse. Pay special attention to the creases and folds of the skin.

7. When you are finished, lift the baby carefully onto a table, again supporting head and back with one hand and buttocks with the other. Wrap him in a soft towel quickly to prevent chilling. Then pat the baby dry.

Burping Your Baby

All babies — whether breast or bottle-fed — must be "bubbled" or burped during and after feeding. Some babies need to burp more than others. You'll soon find out which kind of baby yours is. Start out burping the baby twice during feeding. Wait for a natural break in sucking. Then —

1. Hold baby firmly against your shoulder (a clean diaper will help protect your clothes). Support the buttocks with one hand; gently rub or pat baby's back with your other hand.

OR

2. Lay the baby, stomach down, across your knees. Let his stomach rest on one leg with his head over your other leg. Pat and gently rub the baby's back until you hear air expelled.

OR

3. Sit your baby on your lap. Let baby lean forward with his chest against your wrist as you hold him under his armpit. Gently rub or pat baby's back with your other hand. Be sure not to let your baby's head flop backwards.

A good rule of thumb is to work on the burp for about a minute. If nothing happens, then give up and don't worry. If your baby is the kind who sucks very strongly and tightly on the nipple, the air bubbles swallowed will be very small. It may take up to an hour for the bubbles to collect into one large one, and there may be some milk on top of the bubble. If and when the baby does finally burp, some milk or spit-up may come up. This is not the same as vomiting, and it usually looks like a lot more than it really is. So again, don't worry.

SHOW FILMSTRIP — "Diapering The Baby."

Diapering Your Baby

A baby's skin comfort is extremely important, since so much of a baby's earliest communication with the outside world comes through the skin. Frequent changing of wet or soiled diapers helps to protect the baby's delicate skin from skin rashes.

There are three approaches to diapering: disposable diapers made of cellulose materials with a plastic outer layer; cloth diapers which you launder yourself; and diaper-service diapers. You can, of course, combine all three.

The kind of diapers you prefer depends upon you and your circumstances. Hers are some tips to help you with all three.

Disposable diapers make up the luxury route. They cost about four times as much as owning and caring for cloth diapers. Disposable diapers have a protective outer lining and an absorbent middle lining which makes wetness more difficult to spot. On the other hand, since disposable diapers fasten with tape, you don't have to worry about safety pins.

The least expensive and most time-consuming approach is to own diapers and wash them yourself. If you select cloth diapers, you will need between four and six dozen and a small, rust-proof diaper pail with a tight-fitting lid.

Cloth diapers come in a variety of fabrics and styles. Choices of fabric include cotton gauze, bird's-eye, or flannelette. Gauze diapers are usually softer, more absorbent, and lighter than the others. Birds-eye diapers are slightly more durable and less expensive. Flannelette is less absorbent and warmer.

Choices of styles include flat, prefolded, and fitted or contour diapers. Flat diapers are the least expensive and most bothersome. They come in squares, rectangles, or stretch rectangles which can be folded in various ways to fit the baby as he or she grows. The illustration on page 7 shows three ways to fold a square, flat diaper.

ILLUSTRATION – Three Ways to Fold a Square, Flat Diaper.

Prefolded diapers have up to six layers of thickness down the middle. Fitted or contour diapers are hour-glass shaped with snaps and come in several sizes. These diapers are quite expensive.

The recommended method of caring for cloth diapers is the following:

1. Dunk soiled diapers up and down in the toilet as you flush to remove the bulk of the bowel movement. It is not necessary to rinse diapers which are merely wet.

2. Place diaper in a small, covered diaper pail containing 1 teaspoon of borax to 1 gallon of water and soak until you are ready to wash.

3. Using a mild soap, not detergent, wash the diapers on the hottest cycle.

4. Rinse twice to remove all soap residue. Add 1/4 cup of vinegar to the final rinse. If your water is hard, rinse three times.

5. When your baby is older and his or her skin is less sensitive, you can experiment with detergents, bleach, and fabric softeners.

6. If possible, it is best to dry diapers in the sun, since sunlight destroys many bacteria.

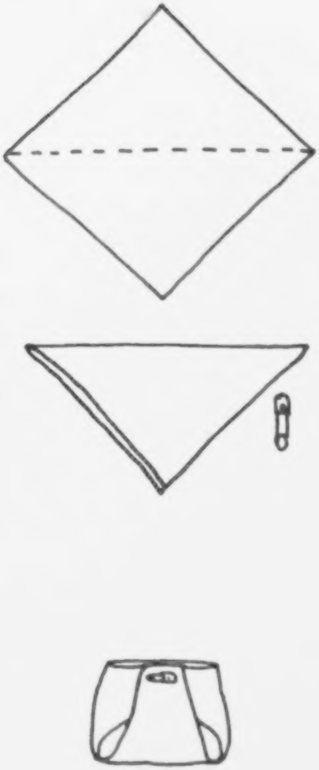
A diaper service is the middle-of-the road approach. The diapers are cloth and are sterilized. If you prefer cloth diapers and can afford this service, it will save you plenty of laundering and will allow you more time to spend with your baby when he or she is awake, attentive, and eager for affection. The more attention of this kind your baby receives, the more certain you will be of having a relaxed, contented baby.

The problem of diapering is frequent changing. Your baby's skin is so delicate, it is important to change wet or soiled diapers to prevent skin rashes.

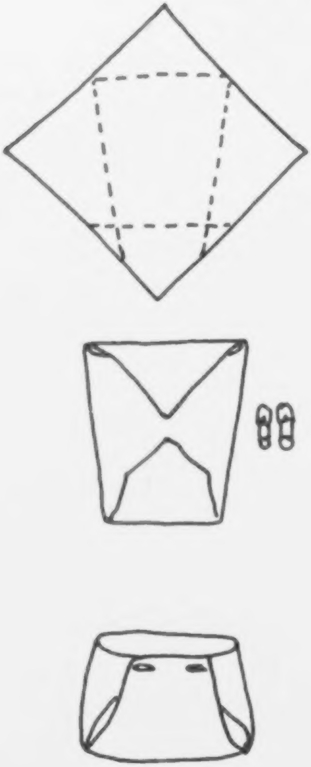
First, place the baby on a towel and remove the wet or soiled diaper. Using warm water, wash the buttocks (genital area) from back to front, then pat dry with a towel. If the baby has had a bowel movement, fold the soiled portion of the diaper under and wipe the buttocks with toilet tissue. Then wash the baby's buttocks with mild soap and water, rinse, and pat dry. You can apply lotion or oil to the area being attentive to skin folds and creases.

Holding baby's ankles between your thumb and middle finger (with your index finger between the ankles), raise the hips and slide a clean, folded diaper underneath. The diaper should be folded so there is extra thickness to absorb most of the urine – in front for boys and in back for girls. Then pull the diaper between the baby's legs and pin it on each side. Remember to keep your finger between the pin and the baby to avoid pricking the baby's skin. Plastic or rubber pants may be worn over the diaper to keep outer clothing and bedding dry. If your baby is sensitive to skin irritations, you may want to use plastic pants only when taking your baby out.

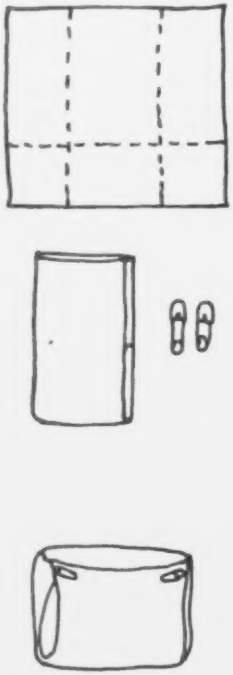
THREE WAYS TO FOLD A SQUARE, FLAT DIAPER



1. Triangular Fold. Fold the diaper into a triangle and fasten the three corners with a single pin.



2. Kite Fold. Fold in two sides to give diaper a long, pointed shape. Fold over top and bottom flaps; secure with two pins. This method provides a thick center panel.



3. Triple Fold. Fold over one-third of the diaper. Then fold the rectangle in thirds as you would a letter. Fasten the diaper with two pins. The extra thickness should go at the back for girls and in front for boys.

Exercise Your Baby

Newborns need exercise from birth. In their brief wakeful moments, they get their exercise by squirming, kicking, and waving their arms and legs freely. They are particularly active before feeding, during bathing, and at changing time. In addition to his own efforts, a little encouragement each day will help him/her develop strength.

Allow a few minutes once or twice each day for your baby to kick and roll about on the bed without any clothes. The room, of course, should be warm. Brace his feet against your hands and gently push his knees up to the abdomen a few times. Grasp his hands and pull him gently up to a sitting position (after he can hold his head up strongly). Roll him from side to side and turn him over on his tummy for a little while.

Even the young baby should be picked up in the late afternoon for a period of play and exercise before he/she is fed and made ready for the night.

A baby gets tired in one position even more quickly than an older person. Do not leave your baby sitting in a carriage or high chair for long periods of time. The baby will be happier and demand much less attention if given the freedom of a playpen – especially if you supply appropriate toys for amusement.

Between 7 and 10 months of age, your infant will begin to crawl, an important preliminary exercise that strengthens back muscles while preparing for a baby's first steps.

Understanding Your Baby

Crying

Babies have one way of communicating with the world – by crying. A baby's cry is designed to make us respond. So when your baby cries, he is telling you he needs your help to make him comfortable again. Answering a baby's cries promptly and consistenly and not leaving him to "cry it out" gives him a sense that he is not alone and that you care.

While newborns never cry for fun, their reasons may be less serious than the new parents imagine. Hunger is usually the reason. Once your baby has fallen into a fairly regular feeding schedule, you will be better able to know why crying occurs. Cries of hunger usually occur just before feeding time. In such instances, the baby will be quieted by feeding.

Sometimes babies cry because they may be too hot or too cold. Other times they may be lying in an uncomfortable position and need to be moved. If crying is limited to one particular period of the day (most often late afternoon), it probably indicates fatigue. A baby who has been overstimulated may find it difficult to fall asleep without a period of fussing.

However, when periods of crying are irregular and occur throughout the day or night, it may be a sign of colic. Usually the gas pains and discomforts associated with colic can be relieved by holding your baby on his or her stomach while you rub the back gently. No one knows what causes colic. There is little you can do except comfort the baby until the attack stops. Be sure he isn't hungry, wet, or lonely, or that some part of his clothing is not uncomfortable. Most importantly, remember that colic does not interfere with his general health and growth. He will grow out of it by the time he is 12 to 16 weeks old.

Remind family members that these attacks (which can last 2 to 20 minutes even though he is picked up and comforted) are not the baby's fault, they are not your fault, and he will get over them. If the colic becomes a real problem for the baby and the family, it is worth a trip to the doctor, who may be able to prescribe medication to make the baby rest more comfortably.

No matter what the cause, no small child should be left to cry unattended for long periods of time. Going to a small baby when he cries will help him learn a feeling of trust. Trust is a crucial factor in emotional development. Babies soon learn to feel secure that someone will come to make them feel better This attention will not spoil them.

Research confirms that babies who are tended quickly will cry less frequently and for a shorter duration than those who aren't. Researchers have also noticed that by the end of the first year, the babies who have been "spoiled" by some people's standards were more independent and better at communicating and at getting adult attention through means other than crying. Each time his cries are answered, the baby becomes more aware of the emotional subsidies or rewards inherent in the comforts parents provide.

Giving him the attention he needs during his first year will help him build the trust he will need to learn more "grown-up" behavior later on. A young infant needs your love and attention. Holding your crying child provides a sense of warmth and physical closeness.

Sleeping

Sleeping consumes a large part of a small baby's time. Most newborns will sleep more than they do anything else (as much as 18 to 20 hours a day). Longer sleep periods are needed to make up for all the energy they use eating and crying. It is a good rule to check on a sleeping baby at least every 15 minutes or so. The baby's room should have fresh air but not be cold or drafty.

Babies who are receiving enough to eat and who do not have any problems digesting their food will more likely sleep between feedings with other brief periods of wakefulness. Some babies, on the other hand, are awake for longer periods of time with no apparent problems. In either case, it is probably best to allow your child to determine the amount of sleep wanted and needed.

To establish some sort of routine, it may be helpful to put your child to sleep after each feeding. Relaxation and drowsiness naturally follow eating. Complete silence and a darkened room are not necessary. Babies quickly become used to familiar household noises such as children playing or talking and the humming of a dishwasher. Before putting baby to bed, be sure that he is warm and dry, that he is protected from drafts, and that a strong light does not shine in his eyes.

Your baby's periods of wakefulness will usually occur around the same time each day, often in the late afternoon. By the end of the first year, most children have learned to sleep through the night, although they remain early risers and take two naps per day. During the following year, they usually give up one of these daytime naps.

Provide your baby with a room of his own or an undisturbed corner out of family traffic. Babies sleep best on a flat, firm mattress without a pillow. Most babies seem to be more comfortable on their stomachs (particularly if they are having gas pains, since the gentle pressure appears to relieve them), with the head turned to one side. This will prevent baby from choking, should he vomit. Always remember to try to bring up his bubble before putting him to bed. Be sure to change the baby's position from time to time, especially the position of the head. This will ensure your baby's comfort while preventing one side of the head from becoming flattened.

Sometimes babies resist going to sleep, even when they are very tired and have been fed. Their fussy crying is usually over quickly if they are left alone. However, if the crying continues or becomes more insistent, it is important to check for other problems and correct them.

Between the ages of five and eight months, a baby may begin to awaken at night with no discernible cause and cry because he is uneasy at finding himself alone in the dark. Usually, a few moments of your presence will give the reassurance needed to fall asleep again. Do not walk with him, take him to bed with you, or feed him. He may decide he wants you to do it regularly, and it will be hard to convince him to give up the idea.

Studies show that good sleep habits are built by repeating an unchanging routine. If you are used to washing your face and brushing your teeth before bed, any change in your ritual is upsetting. The same is true for babies. They quickly learn to associate sleep with a regularly followed routine and go to sleep more easily.

New babies generally will awaken once or twice during the night for a feeding. Soon, however, they are able to sleep through the night. The number of hours that a healthy baby sleeps will be about as follows:

During the first few weeks, most of the time except while being fed and bathed
From 2 to 3 months — 18 to 20 hours daily
From 4 to 5 months — 16 to 18 hours daily
From 6 to 12 months — 12 hours at night, morning and afternoon naps
At 2 years — 12 hours at night, one long daytime nap

Do check on your baby periodically as he or she sleeps, making sure that nothing interferes with breathing.

Keeping Your Baby Healthy

Monthly well-baby visits to your physician or local health department during the first year are extremely important. Well-baby visits ensure several thorough physical examinations, all the routine tests, and the recommended immunizations. These visits also provide parents with an opportunity to ask questions, get answers, learn about medicine, and not least important, receive assurance that the baby is progressing well.

When To Call the Doctor

There will be times you'll agonize about whether or not to call your doctor. Is your baby really sick? Can it wait? Are you just overreacting?

Before you call your doctor, organize your thoughts and be as specific as possible. The following are some observations you can make before you call.

1. Is there a change in the amount of food the baby has eaten as well as the vigor with which he/she eats? What did the baby last eat and when?

2. Is there a temperature?

3. Is the baby persistently irritable?

4. Is the baby more lethargic than usual?

5. How's the baby's skin tone?

6. What's coming out both ends?

When you call the doctor, have the following information written down:

1. Significant details based on observation.
2. Name and number of drug store.
3. When you call, give the child's full name, age, and weight before you start talking.
4. If you don't reach the doctor directly and must leave a message with the doctor's answering service, after you hang up stay off the phone so your line is free.
5. Write down exactly what the doctor says. It's easy to get rattled and forget numbers, times, amounts, etc.

Call the doctor immediately for the following emergencies:

1. Any serious accident or injury
2. Uncontrolled bleeding
3. Unconsciousness
4. Severe breathing difficulties
5. Severe diarrhea
6. Black or bloody bowel movements
7. Convulsions
8. Head injury
9. Projectile vomiting
10. A marked change for the worse in a baby who is already sick
11. A fever of 104 degrees F. or 40 degrees C. rectally (100.5 degrees F. or 38 degrees C. if the baby has never been sick before)
12. Two or three unexplained symptoms
13. Signs of dehydration

Family Planning

Family planning is a very personal thing, but one of the freedoms family planning offers is greater control over one's life. There are many ways that a couple, within the dictates of their own moral or religious principles, can plan the number of children in the family. Couples can get medical advice and help from their doctor or a local clinic concerned with family planning.

For the mother's health as well as the baby's, doctors recommend an interval of about two years between the birth of one child and the conception of another.

EVALUATION

NOTE TO THE INSTRUCTOR: Have enough blank copies of Part I and Part II of the test below made in advance. After completing Parts I and II, let the participants use dolls to demonstrate ways to care for a baby.

Name ________________ Date ________________

Directions: Write True or False for the statements below. If false, write a sentence that would make the statement true.

Part I

False 1. A young baby should only be handled by its mother.
(Being handled by many people gives a baby a sense of security.)

True 2. The attachment between a baby and a parent depends on the amount of interaction between the two.

True 3. According to research, fathers actively involved in the care of their children have a higher self-image than those fathers who do not actively care for their children.

True 4. Caring for children helps fathers to have positive relationships with their children.

False 5. Around the second month of life a baby is able to hold his head erect.
(It's around the third month of life.)

False 6. Picking up the baby when it cries will spoil the baby.
(It gives the baby a sense of security.)

False 7. It is a good rule to check on a sleeping baby every half hour.
(A sleeping baby should be checked on about every 15 minutes.)

False 8. During the first year, it is necessary to take a well baby to the doctor every six weeks or so.
(The well baby should see the doctor about once a month.)

True 9. Children should be spaced about two years apart.

Part II

1. List three things that you should observe about a baby before calling the doctor.

2. List four things that you need to tell the doctor on the phone.

Part III

Have class members take turns demonstrating (using dolls) how to pick up and hold, bathe, burp, diaper, and exercise a baby.

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BABY AND YOU SHORT COURSE

LESSON 6
EXPLORER SAFETY

TIME: 2½ - 3 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Initiate the recommended immunization schedule for her/his child(ren) as established by the American Academy of Pediatrics.
- Maintain the record of immunizations in the Family Health Record (MP 145).
- Use child seat restraint(s) according to recommendations.

RESOURCES NEEDED

Immunization

- Film, "A Gift, An Obligation"
- "Family Health Record," MP145
- Fact Sheet - "Immunization," FSHEL2
- Survey Questionnaire
- 16mm Movie Projector
- Projection Screen

Child Safety Seats

- Borrow child seat restraints and use in the discussion.
- Film, "Don't Risk Your Child's Life," available on loan from Arkansas Highway Safety Program, No. 1 Capitol Mall, Level 4B, Suite 215, Little Rock, Arkansas 72201, (501) 371-1101.

INTRODUCTION

This lesson was written to help new parents make informed decisions about childhood immunizations and child seat restraints. It describes immunization against seven serious childhood diseases and recommends an active immunization schedule for young children. The types of child seat restraints and how to correctly use them are also included.

IMMUNIZATION

For years, immunization of children was widespread. As immunizations virtually eliminated such childhood diseases as polio, many parents became complacent and have failed to have their children immunized. Consequently, the immunization level of our childhood population has dropped. Unless more children are vaccinated, we once again face the return of the almost forgotten childhood infectious diseases.

Of the 3 million babies born in the United States each year, every child should have the lifesaving protection of immunization. From early infancy, immunization guards against seven serious diseases: diphtheria, tetanus, pertussis (whooping cough), measles, mumps, rubella (German measles), and polio.

It is extremely important that parents understand what can happen when their children are not fully immunized. The childhood diseases can and do cause crippling and sometimes death. These diseases are very contagious, with the exception of tetanus. They spread rapidly from child to child and from community to community. As long as millions of children remain unprotected against these childhood diseases, serious outbreaks of disease — even epidemics — will continue to occur.

It is also important that parents understand what protection vaccines give and what risks, if any, vaccines pose to their children. Generally, vaccines are among our safest and most effective medicines. However, some vaccines can cause side effects. They are usually mild — a slight fever, a sore arm, a mild rash — and are of short duration. Occasionally, a severe reaction may occur, which is why vaccines should be given only by qualified health professionals. Parents should discuss with the health professional administering the vaccines the nature and frequency of side effects.

The overwhelming majority of medical experts in this country and abroad believe that the benefits of complete immunization far outweigh the risks. The U.S. Public Health Service strongly recommends that all healthy children be immunized against all of the vaccine-preventable, childhood diseases.

What is immunization? It's a safe and effective way to help the body prevent or fight off certain diseases. A tiny amount of the organism (or its products) that causes a particular disease is taken into the body by injection or oral vaccine. This stimulates the body to produce antibodies, substances that will fight against that disease and continue to remain on guard against that infection for months or years.

There are two types of immunity. **Active** immunity is the protection your body has against a disease after you've been directly immunized with the disease-producing organism or part of the organism. **Passive** is the protection that results from injections of antibodies formed in the body of an animal or another person. Passive immunization provides quicker, but only temporary immunity. Infants are born with a "built-in" (passive) immunity, but it doesn't last long. As that immunity wears off, vaccination is necessary to give continuing protection. An active immunization program should begin when your child is 2 months old.

Today (tonight), we're going to see a film entitled, "A Gift, An Obligation," narrated by Cliff Robertson. Through the lives of several children, "A Gift, An Obligation" dramatically portrays the danger of childhood diseases and the necessity for vaccinations. In addition to causing needless illness, these childhood diseases can lead to severe, sometimes fatal, complications. Unless more children are vaccinated, we could once again experience the horror of epidemics. The goal of the film is to encourage people to make sure **all** their children receive **all** of their vaccinations and to tell their relatives, friends, and neighbors to do the same.

SHOW FILM — "A Gift, An Obligation" (16mm, color, sound, 27½ minutes).

DISTRIBUTE THE IMMUNIZATION FACT SHEET — Discuss the immunization schedule recommended by the Arkansas Department of Health and the American Academy of Pediatrics, a professional organization of physicians who specialize in the care of infants, children, and adolescents.

DISTRIBUTE THE FAMILY HEALTH RECORD (MP 145) — Go through the Family Health Record with the participants. Show them where to record immunizations, as well as other pertinent medical information.

CHILD SEAT RESTRAINTS

Nearly 1,000 children under age five are killed each year in motor vehicle accidents and 100,000 more are seriously injured because child safety restraints are not in use.

What about the mother who prefers to hold her baby while traveling? This is fine at home, but it can be deadly in the car. In a collision at only 20 mph, a 15-pound baby will hurtle from it's mother's arms with a force equal to 300 pounds! Arms just aren't strong enough to hold a baby safely in a moving vehicle.

More than 600 children younger than five years of age were killed in 1979 while riding in cars, and another 48,000 were injured. It's been estimated that half the deaths and injuries to infants and children could be eliminated with the use of proper restraints in vehicles.

Today's families, more than ever, are on the go and infants and children go with them. Unfortunately, automobile accidents are the greatest cause of death and injury to youngsters under the age of five. Perhaps it is because so many parents allow their children to ride in the family car without proper protection.

Since standardized seat belts now required by federal law are too large and cumbersome to protect infants and children, special safety measures should be taken. A suitable infant car seat provides baby the best protection. This does not mean an upright, forward facing seat from which the baby could slide out, but a semi-reclining one which faces the rear of the car. A harness restrains the baby and the seat is kept in position by the car's seat belt. Because they are not held firmly in position, travel beds are of little, if any, value.

While baby always enjoys being held, do not hold him/her in your arms or on your lap when the car is in motion. In case of a short stop or collision, he/she could be wrenched from your arms and thrown against some part of the car or even out of the car. Even a newborn should go home from the hospital in an infant car seat — NOT in mother's arms.

When baby outgrows the infant seat and becomes a toddler, a variety of restraint devices are available to help ensure safety. Some of these are seats with harnesses or shields alone. The criteria for the usefulness of any such device are whether it holds baby securely and whether it, itself, can be securely affixed to the car. Once the child has reached the age of 4 or weighs 40 pounds, he/she will probably be large enough to use the standard adult lap belt.

Remember, whenever children ride in automobiles, they should sit in the back if possible. Car doors should always be locked and windows open to a safe height. A small first-aid kit in the glove compartment is a good idea, too, for small cuts and insect bites. Never leave children alone in an automobile while you "run a short errand."

Today (tonight) we're going to see a film entitled, "Don't Risk Your Child's Life." This film portrays the effectiveness of child and infant restraints in preventing injuries in crashes, and presents consumer information on how to select and properly use the restraint system that is best for your child.

SHOW THE FILM — "Don't Risk Your Child's Life" (16 mm, color, sound, 12 minutes).

Demonstrate how to use car seats. Discuss the differences in available car seats.

Remember, safety restraints save lives!

EVALUATION

NOTE TO THE INSTRUCTOR: Have enough blank copies of Part I and Part II of the test below made in advance. Have each participant complete the test.

Name ______________________ Date ______________

Directions: Complete the statements in Part I. Discuss the three items in Part II.

Part I

1. Immunization is *protective vaccines against childhood infectious diseases*
2. Immunization guards against seven serious diseases: *diptheria*, *tetanus*, *pertussis (whooping cough)*, *measles*, *mumps*, *rubella (German measles)*, and *polio*.
3. All of these diseases are contagious, except *tetanus*.
4. Active immunity is *protection your body has against a disease after you've been directly immunized with the disease -- producing the organism or part of the organism.*
5. Passive immunity is *protection that results from injections of antibodies formed in the body of an animal or another person.*
6. Start your immunization when your child becomes *2 months* of age.

Part II

1. Describe the best car seat for an infant.
   The best car seat for an infant provides the best protection. An infant needs a semi-reclining seat that faces the rear of the car. A harness is needed to restrain the baby.
2. Explain why an infant should not be held when the car is in motion.
   In case of a short stop or collision, the infant could be wrenched from your arms and thrown against some part of the car or even out of the car. A newborn should not go home in mother's arms.
3. When will a child be large enough to use the standard car lap belts?
   The standard car lap belts can be used by a child who has reached the age of 4 or weighs 40 pounds.

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BABY AND YOU SHORT COURSE

LESSON 7

FEEDING THE BABY

TIME: 2½ - 3 Hours

OBJECTIVES

At the end of this lesson, participants will:

- Determine that appetites and nutritional needs are modified for age and rate of growth.
- Point out that eating also provides experiences that are necessary for the development of emotional well-being and physical skills.
- Identify shopping habits that could be modified to result in spending less money when food shopping.
- Use labels to help them to decide what foods to purchase.
- Choose nutritious foods when planning meals for the family.

RESOURCES NEEDED

Foods After Milk

- "Helping Your Child Grow From 1 to 3," 33 slides and script available from film library
- "Food for Tots," EC 522
- "The Daily Food Guide," HE84-8-80
- "Snacks - Delicious and Nutritious," HE342-79
- "What to Feed Babies After Milk," FSHED43

Stretching the Food Dollar

- "Making Baby Foods at Home," FSHED8
- "Money-Saving Hints for the Food Shopper," HE 39-2-79
- "Nutrition Labeling," HE 34-2-79
- "Rate Yourself as a Food Shopper"
- "Be Thrifty - Read the Label"
- "Tools for Food Cost Comparisons," FSHED34
- Chalk board or flip chart

INTRODUCTION

Nutritional requirements are modified for age and rate of growth. Therefore, the Daily Food Guide is not a good guide for infants until they are eating table food. Before that the physician or nurse is a good guide. Have everyone write down what she or her child ate yesterday. Pass out a form to write this information on.

FOODS AFTER MILK

SHOW SLIDES — "Helping Your Child Grow From 1 to 3."

The first slides discuss some of the developmental aspects of this age group; then the Daily Food Guide plan is introduced. Serving sizes and menu ideas are discussed. Snacks are also discussed.

Discussion

How is a 3-year-old child's requirements different from an adult?

Answer: The same frequency as adults but smaller servings.

1. 2 to 3 small cups milk
2. 4 servings from the bread and cereal group that are half of adult size (1/2 cup cereal or 1/2 slice bread).
3. 2 meat servings, but serving size depends on age (1 tablespoon for each year of age).
4. 4 fruit and vegetable servings, using 1 tablespoon per year of age as a guide.

Pass out Daily Food Guide sheets and have each person categorize the foods he or she wrote down according to the food groups. Did they or their child meet the guidelines? Where were they over? Under? Were the size of servings appropriate?

STRETCHING THE FOOD DOLLAR

- Have the participants complete and score the form "Rate Yourself as a Food Shopper."
- Discuss points listed on "Rate Yourself as a Food Shopper."
- Discuss clever methods that the grocery stores use to get you to buy more, such as bright colors or special displays, tempting you with items placed close to commonly purchased products, multiple pricing when in fact the price is no better or may be higher than a single item, offering prizes or catering to the children to influence buying. (Ask participants to list other techniques used by stores to promote sales. Write suggestions on chalk board or flip chart.)

Note: You may want to write the following points on a chalk board as they are discussed.

- The wise shopper should (1) know marketing methods like those mentioned above, (2) make a list and stick with the list (resist impulse buying), (3) never go grocery shopping when hungry, (4) shop as seldom as possible, (5) shop alone, (6) read labels, (7) compare prices, and (8) be willing to substitute when appropriate if lower priced.
  - Explain unit pricing.
  - Discuss how labeling can help you in purchasing foods. (You may want to use baby food products as examples.)
  - Cut up a large box (front, top, and right side) of dry cereal into puzzle size pieces. Pass out the pieces. Ask individuals with pieces to tell what information they can tell you about the product from their piece. Make a list of the major categories (price, name, nutrition information, ingredients, etc.). Put the pieces together on felt board.

The ingredient list will tell you what is in the product and which ingredient is present in the largest amount. By comparing ingredient lists you can determine which product contains unnecessary items such as starch, salt, and sugar. You can tell which products list water as ingredient in largest amount. Since water doesn't contain nutrients, these products are less nutritious than similar ones with water listed later in the ingredients list. Not all baby foods have nutrition information on the label, but desserts, cereals, and fruits are usually labeled. By comparing nutrition labels of products that would substitute for one another, you can choose the one that is highest in essential nutrients. (Refer to the teaching guide, "Be Thrifty - Read the Label," for additional information.)

The best buys in commercial baby foods are also the most nutritious. The simple rule: buy plain one-item foods (not combinations or ones with many added ingredients). For example: strained peaches, or peas, or beef give you the most nutrition for your money. Some baby foods that you could substitute for the plain foods may be the same price or slightly lower in cost, but they contain less of the important nutrients and more sugars, starches, or salt. Baby desserts, creamed vegetables with butter, and combination dinners are some examples of foods to avoid purchasing. Remember, your baby can't taste the same as you do.

DISTRIBUTE — "Making Baby Food at Home," FSHED8.

You can also make your own baby food. (Note: A demonstration of making baby food could be part of this program or a separate program depending on the amount of time available.)

EVALUATION

Collect responses to "Rate Yourself as a Food Shopper." Compare responses to those obtained six months later.

Collect 24-hour food recall of participants. Compare recalls with ones taken later.

RATE YOURSELF AS A FOOD SHOPPER

Your skills as a food shopper can make or break your budget. Rate yourself on the chart below.

How Often Do You?	Always	Usually	Seldom	Never
1. Make a grocery list before you shop?	______	______	______	______
2. Buy on impulse	______	______	______	______
3. Compare price per serving between brands?	______	______	______	______
4. Buy the large size container even though you may not use it all?	______	______	______	______
5. Shop specials as listed in the newspaper and in store ads?	______	______	______	______
6. Throw out fresh produce because you have chosen some which turns out to be poor quality?	______	______	______	______

How Often Do You?	Always	Usually	Seldom	Never
7. Compare prices between stores?	______	______	______	______
8. Buy the highest grade of canned goods for all purposes?	______	______	______	______
9. Shop at a supermarket rather than a small grocery store?	______	______	______	______
10. Buy a new product because it was advertised?	______	______	______	______
11. Read the nutrition label?	______	______	______	______
12. Grab a food product without comparing the ingredients with those of a similar product?	______	______	______	______

Give yourself two (2) points for each "always" on odd-numbered questions, and one point for each "usually" on odd-numbered questions.

Give yourself two (2) points for each "never" on even numbered questions, and one (1) point for each "seldom" on even-numbered questions.

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BABY AND YOU SHORT COURSE

LESSON 8
HELPING YOUR BABY GROW

TIME:

OBJECTIVES

At the end of this lesson, participants will:

- Analyze five ways to meet the emotional needs of infants.
- Develop an awareness of clothing styles and fabrics appropriate for young children.
- Use growth features when sewing for small children.
- Fit shoes appropriately for children.

RESOURCES NEEDED

Personality in the Making

- "Stimulating Your Baby," FSHEI23
- Transparencies, "Meeting the Needs of Babies"

Clothes and Shoes for Growing

- "Sewing for Your Child," FSHEA10
- "Clothing the Grade School Child," EL 493
- Suitcase, Clothes for Children
  - "Footnotes on Children's Shoes," EL 483
  - "Clothes for Infants and Toddlers," EL 510

INTRODUCTION

This lesson will help young and prospective parents understand the development of a baby's personality. It further makes use of the children's suitcase program that is available from the Extension clothing specialists.

PERSONALITY IN THE MAKING

Your new baby has arrived, and you are feeling like the smartest, most creative person in the world. Having a baby is exciting, but the thought of being responsible for this little, squirming bundle of humanity can be frightening.

You and your baby are starting one of the most important relationships in your lives. Whether you are a first-time parent or already have children, a new baby in the family is the beginning of a new adventure. The arrival of a baby is often a turning point in the life of an adult because it brings new responsibilities. Sharing experiences as baby grows can add richness and fullness to your own life. Both mother and father should share not only the daily tasks that are part of being parents but also the special joys that a baby brings. Your baby will gain an extra feeling of well-being and security when both parents — each in his own unique way — contribute to his welfare.

Sometimes new parents find it hard to relax because they are so worried about how to handle their infants. Some men, in particular, think they are too clumsy to care for a tiny newborn. As a result, these dads miss a great deal of pleasure, not to mention opportunities for building a closer relationship with their children.

Infants do need gentle handling, but they are not china dolls. An adult would have to make many childrearing mistakes, and make them often, before most children would be permanently harmed. Parents will be more at ease if they accept the fact that they are bound to make some mistakes. An infant enjoys the security of being held in firm, strong hands as well as in soft hands. Aside from breast feeding, there is nothing that a mother can do for an infant that a father can't. The infant feels comforted being held by either the father or the mother. The father gets the same feeling of protective tenderness and pride that the mother gets in giving the baby comfort. Fathers who help care for their children report they enjoy the experience and that it increases family togetherness.

Providing a home and food is only the beginning of being a parent. The most important aspect of parenting is the nurturing of the personality and development of a feeling of love and security that starts a human being on the road to good mental health. It begins at birth, which is a traumatic experience for the baby. From the close warmth of the uterus, a baby is suddenly brought into a noisy, bright world. From the very beginning, an infant needs the assurance that everything is all right.

As a parent, you play an important role in shaping your baby's character and behavior. You will soon discover the personality traits that make your baby an individual — wonderfully different and unlike any other person you have known or will ever know.

In the beginning of his life, the baby does not distinguish between his own physical sensations and those which are imposed upon him from the outside. It is through the repetition of physical contact with another person who satisfies the baby's very basic needs for food, warmth, and motion that the baby begins to differentiate himself from that source of relief or comfort. As he emerges as an individual, he begins to separate the "me" from the "you" and to realize that he does have an impact on his world.

In the days ahead, the needs of your new infant will dominate the household. How you as a parent satisfy those needs will strongly influence your baby's emotional, intellectual, and physical development.

The minute-to-minute, hour-to-hour practical tasks that fall to every new parent keep you close to your baby. This very closeness is not only a source of reward, fun, and happiness for you and your baby, but more importantly, it is also one of the means by which a new infant learns to experience the world.

Almost all accepted theories of human behavior agree that early experiences have a great impact on later behavior. And parents have the greatest influence on a child's early experiences.

It's not hard for you to meet a baby's needs. Babies are born with an inner drive to grow and to obtain food, warmth, and comfort. Your baby is totally dependent, for at least the first year, so it's up to you to meet these basic needs. Most parents are aware of this and do a very adequate job of providing for their baby's needs. The baby needs to be fed, protected, cuddled, rocked, and played with. Equally important are needs that form and influence your baby's development and behavior. These needs are for love, a sense of belonging, activity, consistency, predictability, and for esteem. Your baby needs to feel important and highly valued just as you do.

Your baby enters life ready to learn and respond to his environment. This means parents have several functions or jobs to perform. To begin with, you must keep the baby alive. Most babies are pretty tough, but none will thrive for long without adequate food, warmth, protection, and an atmosphere of comfort, love, and acceptance. Parents need to promote healthy growth and development of their baby. This can be done by providing toys and experiences, holding, cuddling, playing, and talking with the baby. This stimulation needs to be combined with protection because the baby needs quiet and a time to sleep too. Parents are also responsible for passing on to the child society's culture and values of the family — that is how the parents feel about people and ideas.

Use transparencies as you discuss the points below.

To meet the needs of the infant, parents must:

Be Consistent and Loving

Studies of babies brought up in institutions where nurses have little time for cuddling and playing with them reveal that, even though their physical needs are adequately cared for, the babies do not thrive either physically or mentally. They do not gain weight or sleep well, they seem to lack energy and zest for life, they are slow in walking and talking, and most serious of all, they are withdrawn and find it hard to establish contacts with other people as they grow older. Babies in such institutions have been described as emotionally starved babies. The baby must know he can rely on you to feed him when he's hungry, to change him when he's wet, and to love and comfort him when he's upset. Erik Erikson, a well-known psychologist, refers to this as a sense of trust and feels if this need is not met a child will grow distrustful of others.

The child learns his style of living through the process of growing up. The foundation block upon which all other personality characteristics rest is trust. The child either learns to trust or to mistrust on the basis of the kind of experiences the parents provide. Personality development involves the total person. Trust involves all areas. A trusting relationship stretches across the broad scope of the physical person, the mental capacities, and social relationships. Trust is the feeling of security that gives one confidence in oneself as well as confidence in another person.

The inputs of building a basic sense of trust are really quite simple. If a child is hungry, he needs to be fed. If lonesome, he needs to have company, if wet, he needs to be dried. If soiled, he needs to be washed. Yet, in each of these areas, in supplying his needs there must be careful consideration given to quality which is more important than quantity. When the child is hungry, he can be fed by placing a bottle in a bottle holder and placing it in his mouth. This system fails to fulfill those emotional needs that must be satisfied. Parents who really want the best response from their child, take time to hold the child in their arms during feeding. Holding the child close to the body gives more close contact. This is an excellent time for the child to hear tones that reflect love.

As the baby is totally dependent upon others for survival, life becomes either good or bad in relation to the way his needs are satisfied. A child is what he is given. If he is given love, affection, cuddling, and understanding, he becomes a trusting, loving, understanding person. If, on the other hand, he is given mistreatment, neglect, and abuse, then he becomes an anxious, mistrusting individual. Trust is the ingredient to love and receive love. A child must realize that he is loved, that he is wanted, and that he has personal significance if he is to build a trusting relationship.

Trust is not developed in its complete form during this early, short span of life, but rather, the basic foundations of trust are established at this time. Trust and mistrust continue to be a factor of life's reality as long as we relate to people. Trust is the basis upon which significant future relationships are founded. The person who has never learned to trust will never learn to love because love must be built upon faith and trust. One of the greatest contributions parents can make is to give an infant an environment that is conducive to building a trusting relationship with people. This will last throughout life.

Supply the Baby With Adequate Food, Clothing, Shelter, and Protection From Danger and Illness

Feeding is one of the baby's first pleasant experiences and takes up a large part of his waking hours. A baby's first love for you is based primarily on the feeding situation. At feeding time a baby receives nourishment from the food and assurance from your love. The food, correctly given, helps a baby to grow healthy and strong. Love, generously given, helps a baby feel secure.

Play With and Cuddle the Baby

Everyone needs parenting if he is to develop normally, both physically and mentally. Parenting means a close, warm, emotionally satisfying interaction with the caregiver. It includes being held close to the body, being kissed and played with, being talked to, and having things done for the baby. This can be done during feeding, bathing, dressing, and undressing as well as other times of the day. This social and physical stimulation aids in the total development of the child.

The first communications a baby has are through vision and touch. Because a newborn is more sensitive to touch than other senses, skin contact conveys some of his first messages of love and security. That's why a crying infant is soothed when held close, cuddled, and stroked. Everything a parent does for a baby offers the opportunity for loving communication.

Talk to the Baby

The infant's emotional needs are met through social contact with people around him. Through this process, the child becomes socialized. Let him know by the tone of your voice and by your conversation that he is a pretty important person. While it is true that he has not yet learned to understand the words you use, he does understand the tone of your voice. He does realize the love and affection that you express. All of this helps him to feel secure in his world.

Provide Fun Learning Experiences for the Baby

In order to stimulate your baby's senses, provide him with visual, listening, touching, and testing experiences. Remember to change your baby's position often. Carry him around the house and outside to see interesting scenery. Babies are fascinated by faces, especially eyes and smiles.

At every opportunity talk to your baby. Avoid loud and sudden noises that will frighten him. Use music boxes, records, tapes, bells, chimes, rattles, squeeze toys, and your voice to provide interesting sounds. Babies love it when you sing to them, no matter what the song is.

Textures are important so let your baby feel things that are smooth, hard, furry, fuzzy, bumpy, rough, and soft. Provide him with lots of physical contact like hugging, cuddling, stroking, and rocking.

It is not hunger but the desire to explore that makes babies suck and use their tongue to see how things feel. Make sure objects that baby can reach are clean and too big to swallow.

As babies grow older (at around 5 months), they can play more advanced games like **peek-a-boo**. When dad hides his face behind his hands and then magically reappears, the baby learns a fundamental lesson about the permanence of things, even when they can't be seen. The game also represents a trial mini-separation. The myriad of variations (hiding baby's face, hiding a toy) will provide a source of endless amusement for most infants. **Pat-a-cake** provides an opportunity to build muscles and increase coordination. Repetition of simple games like these is enjoyable for babies and the games are the stepping stones of learning how the world around them works.

The good baby used to be defined as one who slept 20 hours a day. But we know now this baby is missing out, he's not taking advantage of love, language stimulation, and all the things in his environment that help him develop to his fullest. Now, the good baby is believed to be one who is poking, pulling, exploring, and looking. The good baby is listening, tasting, and grabbing for things. The good baby is a busy baby and that means that parents are busy too. It takes time to play with your baby, but it's time well spent. This kind of spending, which costs no money, is more important to your baby than all the items you can buy.

CLOTHES FOR THE CHILD

As the baby explores the world around, his/her clothes need to fit correctly so they won't hamper his/her movements. Look for clothes with good growth features, easy to clean, and put on. Shoes should be checked regularly. Enable your baby to grow and learn about life in clothes and shoes that fit.

> GIVE each participant a copy of "Sewing for Your Child." Discuss in class, using the suitcase materials, "Clothes for Children."

EVALUATION

1. Analyze the needs that form and influence an infant's development and behavior. How best can these needs be met?

   The baby needs consistent loving care. The baby needs adequate food, clothing, shelter, and protection from danger and illness.

   The baby needs to be played with, talked to, and provided stimulating learning experiences.

   The needs of the baby can best be met in a home that includes positive warm relationships.

2. Discuss what you would do to create a positive environment for a newborn.

   Provide for the physical, social, intellectual, and emotional needs of the baby. Develop a trusting relationship through proper care of the baby.

3. List three features you would look for when selecting clothes for your baby.

   a) *Easy care*
   b) *Comfortable*
   c) *Easy to put on and take off*

4. What growth features have you used as you have sewn for your baby?

   Added tucks in hem for growth; elastic in waist.

5. What are two items to remember in selecting shoes for your baby?

   a) *Check for proper fit — width and length, and style*
   b) *Never wear someone else's shoes.*

Irene K. Lee, Ph.D., Extension Family and Child Development Specialist, and Karen M. Fite, M.S., Extension Clothing Specialist, University of Arkansas Cooperative Extension Service, are the authors of this lesson.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, sex, or handicap, and is an Equal Employment Opportunity Employer.

PUBLICITY

Publicizing your program will be a key element to its success. Use a variety of methods to make the public aware of your classes. Some of the methods you might use include:

Home visits
Telephone calls
Posters
Flyers
Letter stuffers
Radio and TV spots
Bulletin boards
    such as ones located in factories, grocery stores, discount stores, hospitals, clinics, doctors' offices, day care centers, social services offices, health departments, laundromats, stores where baby clothes are sold, banks, and post offices.
Other agencies' newsletters
Church bulletins

SAMPLE LETTER TO CO-SPONSOR

Dear ___________:

The (county) Cooperative Extension Service recognizes that many first-time parents are overwhelmed with their new roles and responsibilities of caring for their new babies. That's why we hope to offer a parenting short course especially designed for prospective and new mothers and fathers. The *Baby And You Short Course* would bring first-time parents together to share their concerns and get answers to their many questions in an atmosphere that provides support and reassurance.

We hope that you will help us reach these new families. We will offer a series of eight sessions (date) dealing with such topics as prenatal care, a baby's physical development, nutrition and infant feeding, health care for babies, safety, selecting toys, creative play, and maternity and baby clothes. We hope to invite local health professionals such as pediatricians, health educators, public health nurses, child psychologists and Extension specialists to work with us as resource speakers.

Your agency's participation in this short course would be a special contribution to new parents in our community and your expertise would be particularly welcomed. I'll call you in the near future to discuss the short course and to set a date for a planning conference.

Sincerely,

County Extension Agent -
Home Economics

NOTE: Complete the blanks, but do not underline them.

SAMPLE LETTER TO GUEST SPEAKER

Dear (guest speaker's name):

The (county) Cooperative Extension Service and the (co-sponsor(s)) are co-sponsoring a parenting short course for new parents called *Baby And You*. The course will cover such topics as prenatal care, infant growth and development, nutrition and infant feeding, health care for babies, safety tips, stretching the budget, the value of play, how to select toys, and much more!

On __date__, we plan to discuss the topic of __________. We value your expertise in this area and would appreciate your contribution. Would you be willing to present this subject to our group of new parents? We hope you will be able to join us and help new parents learn more about their role in their child's well-being and development.

I'll call you in the near future to discuss the short course and answer any questions you might have.

Sincerely,

County Extension Agent -
Home Economics

NOTE: Complete the blanks, but do not underline them.

SAMPLE INVITATION TO PARENT

Dear (parent's name):

You are cordially invited to attend the *Baby And You Short Course* sponsored by the (county) Cooperative Extension Service and the (co-sponsor(s)). The short course will be (date, place, and time).

You'll have the opportunity to meet other new mothers and fathers and explore the challenging role of parenting. You'll learn about infant feeding and nutrition, growth and development of infants, how to babyproof your home, health care tips for infants, the value of play, and how to select toys--all from qualified health professionals.

We hope you'll join us. Please fill out and return the enclosed card. For more information, please call county Extension office (number).

Sincerely,

SAMPLE
ENROLLMENT
FORM

Yes! The *Baby And You Short Course* sounds great!

I would like to attend.

Name(s): ______________________________

Address: ______________________________
Street Town State Zip

Phone: ______________________________

NOTE: Complete the blanks, but do not underline them.

SAMPLE PRESS RELEASE

CONTACT: County Extension Agent -
Home Economics
Telephone Number

FOR IMMEDIATE RELEASE

BABY AND YOU SHORT COURSE TO BE HELD IN (town and date)

The (county) Cooperative Extension Service and the (co-sponsor(s)) will offer a series of eight sessions especially designed for new parents.

The *Baby And You Short Course* will be held on (dates) at (place) from (time) to (time) .

The short course will focus on infant nutrition and feeding, health care, physical growth and child development. Helpful hints on babyproofing your home, calling the doctor, creative play and stretching the budget will also be covered. Each session will include demonstrations and talks by health professionals,such as nutritionists, pediatricians, child psychologists, and many more.

For more information, or to register for the *Baby And You Short Course,* call: (county) Cooperative Extension Service office (telephone number.)

NOTE: Complete the blanks, but do not underline them.

SAMPLE MEDIA SPOT

New Parents -- here's an opportunity to get answers to your questions on infant care, and meet other parents with similar concerns and experiences.

Attend the free *Baby And You Short Course*, a series of eight sessions that will begin on (dates) at the (place and time). Listen to health professionals discuss infant feeding and nutrition, child growth and development, health and safety, creative play, choosing good toys, and much more.

For more information, or to sign up for the *Baby And You Short Course*, call (county) Cooperative Extension Service office (telephone number.)

NOTE: Complete the blanks, but do not underline them.

SAMPLE POSTER

P ediatricians
A ctual mothers and fathers
R egistered nurses
E xtension home economists
N utritionists
T eachers
S pecialists

These are just some of the individuals who'll be on hand at the free *Baby And You Short Course* sponsored by the (county) Cooperative Extension Service and (co-sponsor(s)).

The short course is designed for new parents. You'll learn about such topics as: infant feeding and nutrition, growth and development, health and safety, how to select toys, the value of play, and much more! Please come.

____________________________(place)

____________________________(time)

____________________________(dates)

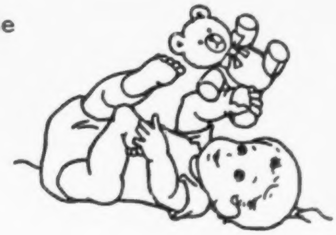
To register, or find out more, please call:

(county) Cooperative Extension Service (telephone number.)

SAMPLE POSTER

BABY AND YOU

Come to a new parent short course



____________________(place)

____________________(dates)

____________________(time)

Sponsored by the (county) Cooperative Extension Service, and (co-sponsor(s)) , these sessions will feature specialists who will help you learn about nutrition and good foods for babies, the way babies grow, how they learn through play, and what to look for when buying toys. Health, safety and budgeting tips will also be covered.

Plus: You'll meet lots of other new parents. We hope you'll join us.

For further information, please call:

____

(county Cooperative Extension Service and telephone number)

Note: Complete the blanks, but do not underline them.

Lesson 1
Suggested Radio Script

PRENATAL CARE

Pregnancy is a heady experience -- exciting, absorbing, and a little frightening, too. Perhaps, the most frightening question of all is will I have a healthy normal child? Fortunately, your chances of having a healthy baby are better than ever. Medical researchers have learned a great deal about a mother's influence on her unborn child. There's a lot you can do on your own to make sure your baby has the best possible start in life.

Ideally, the management of pregnancy should begin well before conception to be sure that your body is ready to bear a child and that fertilization will take place under ideal circumstances.

Before you become pregnant, you should have a complete physical examination to make sure you have no infections, nutritional deficiencies, or anatomical problems that might affect a baby's development and birth. If a difficulty turns up, it can be treated before you get pregnant.

When you become pregnant, your baby develops quickly; all of the major organs are formed during the first 12 weeks of life.

During this important early time -- and all the way through your pregnancy -- your own good health is vital to your baby's healthy growth. That's why you should see a doctor or visit a clinic as soon as you think you may be pregnant, and then get regular followup medical care.

During your first visit, your doctor will give you a thorough physical examination and have laboratory tests done to check for any possible hidden problems. He or she will also question you about your health history -- especially about any chronic illnesses, such as high blood pressure or diabetes, that might need special attention.

The doctor will carefully explain the changes that are happening in your body and how you can expect to feel. You should ask for a care plan covering what you should eat, how much you should rest and exercise, and other things you can do to work for a safe delivery and a healthy baby.

Be sure to ask questions about anything you don't understand, and don't hesitate to ask a question you think might sound "silly." It won't seem silly to your doctor, who will want to answer ALL your questions – but who won't know you have them unless you ask.

To make sure that your pregnancy goes as it should, you'll be scheduled for regular obstetrical checkups -- about once a month for the first six months, then more often as the time for your baby's arrival nears. During these visits, your weight, blood pressure, urine, and blood will be checked. Your abdomen will be measured also, so that your doctor can check on your baby's growth.

It's important to keep all your checkup appointments so that if any problems should arise your doctor can deal with them promptly. Between visits, if anything unusual should happen that you think might be cause for concern, be sure to let the doctor know right away.

- more -

Lesson 1
Suggested Radio Script
Prenatal Care
Page 2

Protecting your baby -- and yourself. If you follow these simple rules while you're pregnant, you'll have the very best insurance you can get to protect yourself and the baby within you:

- See your doctor early, and keep all your followup appointments. Always ask any questions you may have.
- Follow your doctor's advice.
- Take care of yourself. Eat properly; drink enough of the right kinds of fluids; get the recommended amounts of rest and exercise.
- Stay away from substances that can hurt you and your baby -- alcohol, cigarettes, drugs or medicines your doctor didn't prescribe.
- Remember that your baby deserves a healthy start in life -- and a healthy mother. You and your doctor, working together, can provide them both.

For more information call your county Extension office at (telephone number) and enroll in the Baby and You Short Course. The short course will begin on (date) at the (place) at (time) .

Lesson 1
Suggested News Release

WHAT YOU SHOULD KNOW ABOUT DRUGS

When you're pregnant, it is important that you know about the way medicines or other drugs you take can affect your unborn child.

Drugs you use during pregnancy circulate through your baby's body as well as your own. Some drugs can be taken safely, but many others can harm your baby. The safest rule is not to take any drugs at all while you're pregnant -- not even aspirin -- unless you have your doctor's okay.

Over-the-counter drugs. Aspirin, cold medicines, nose sprays, laxatives, sleeping pills, stomach and anti-nausea medicines are all drugs you can buy without a doctor's prescription, but that doesn't mean they're safe to use while you're pregnant. Over-the-counter medicines are sometimes harmful to your baby. Aspirin, if taken in the last three months of pregnancy, may prolong labor and cause bleeding problems at delivery. It's best to steer clear of these drugs entirely unless your doctor approves one for your use.

Prescription drugs. If you're using medicines that were prescribed for you before you knew you were pregnant, ask your doctor whether you should continue to take them now that you're expecting a child. Never take a medicine that was prescribed for someone else -- when you're pregnant or at any other time.

Street drugs. A woman who uses such drugs as heroin, cocaine, marijuana, PCP, methadone, "uppers," or "downers" runs a real risk with her health. When she's pregnant, she takes an even greater chance of harming her unborn child. Some of these drugs may cause birth defects, deformities, low birth weight, or addiction. If you have a drug habit, be sure to tell your doctor.

Alcohol. A pregnant woman who drinks heavily risks having a child with fetal alcohol syndrome, a pattern of physical, mental, and behavioral abnormalities. Most doctors believe it's safest not to take alcohol at all, in any form, when you're pregnant.

To find out more about the damaging effects that drugs can have on your own health as well as to the potential danger to the unborn child, enroll in the Baby and You Short Course, a series of eight workshop sessions that will begin on ____(date)____ at the ____(place)____ at ___(time)___ .

For more information or to sign up for the Baby and You Short Course, call you county Extension office at ____(telephone number)____ .

Lesson 1
Suggested News Release

KEEPING HEALTHY DURING PREGNANCY

Having a baby is one of life's unique experiences. It is one of the biggest events in a couple's life. Unlike many other conditions for which a doctor is consulted, pregnancy is a normal state.

If you are pregnant and the thought of having a baby is a little frightening, you are not alone. Most parents-to-be find themselves experiencing moments of joy sometimes and moments of doubt at other times. After all, your entire family situation is about to undergo a dramatic change for this very special time in your life.

As new parents, you will have many months and hours of joys while you hold and cuddle your baby. As your child develops, you will experience the unfolding of a new life -- a new person. Your child will affect every aspect of daily living for years to come. This makes it most important to be aware of the challenges involved and to plan carefully. It helps to learn and talk about your forthcoming baby. We tend to worry less if we have some idea what to expect. It's also rewarding to know in advance what's going to occur and then watch it happen!

Lesson 1 of the Baby and You Short Course, sponsored by the (name of county) County Cooperative Extension Service, prepares prospective parents (men and women) for the arrival of the new baby. The lesson deals with signs of pregnancy, keeping healthy during pregnancy, conception, prenatal development, and the father's role in giving emotional support.

There is still time to enroll in the eight-lesson short course. To pre-register and to learn more about the classes, call the county Extension office at (phone number) .

Lesson 2
Suggested News Release

DIET FOR EXPECTANT MOTHERS

Have you just found that you are pregnant? Concerned about how to care for yourself to ensure a healthy baby?

One of the most important factors is how the pregnant woman cares for herself and the developing child through diet over the months before birth.

You can learn what you should eat for a healthy pregnancy and successful outcome when you participate in the short course, "Baby and You," to be conducted by the county Extension Service at __(time)__ on __(date)__ at __(place)__. The course is free so call your county Extension office at __(telephone number)__ and enroll today.

An expectant mother's nutritional needs reflect the changes in her body as her baby begins to grow. The mother-to-be needs additional nutrients to take care of her baby's needs and for her own body stores, especially if she plans to nurse her infant.

Current research indicates that expectant mothers should gain from 24 to 28 pounds during the nine months, so pregnancy is not the time to go on a weight-loss diet.

Caloric needs increase during pregnancy, but not as much as the need for some nutrients. You can get the extra nutrients you need without gaining too much weight if you know which foods to choose.

As an example, blood volume in the expectant mother increases during pregnancy. In order to make red blood cells for this increase, the expectant mother should include such iron-containing foods as liver, red meats, dried peas and beans, fortified breads and cereals, and dark green vegetables at each meal. Vitamin C is a valuable companion in helping the body utilize iron more effectively.

Calcium meets the baby's bone formation needs. Many experts advise expectant mothers to drink a quart of milk a day to meet this increased need for calcium. Other milk products which provide calcium may also be used, as can some dark green vegetables, but the body is not always able to use these sources of calcium as effectively.

A healthy, happy baby is the desire of expectant mothers. Good nutrition can play a major role in helping infants get the best possible start in life. Your questions concerning nutrition and pregnancy will be answered during the Baby and You Short Course. You will receive valuable printed information in all areas of prenatal and infant care including emotional support, clothing for you and the baby, toys, and many other concerns.

Lesson 2
Suggested News Release

MATERNITY WEAR

Want to learn about the many fashionable maternity clothes in flattering, comfortable styles and easy-care fabrics for the mother-to-be? Enroll in the "Baby and You" short course taught by the ________________ County Extension Service. The class will be (give time, place, and date) .

Maternity wardrobes need not be large. Many wardrobe combinations can be achieved with only a few separates. Plan purchases to coordinate with items in present wardrobe.

Choose nonseasonal or transitional clothes by carefully selecting the color, fabric, and style. Navy, red, and white or cream are good maternity wear colors because they coordinate easily and tend to be nonseasonal.

Select clothes that are easy to care for and easy to get on and off. Shoes should have good arch support and feel comfortable.

While one-piece dresses are attractive and generally flattering, separates are more versatile. To de-emphasize the middle contour, focus attention upward with attractive necklines and yokes, colorful scarves, and jewelry.

Clothes that allow for growth, particularly through the abdomen are most functional. Such features as multiple side seams that can be stitched at 1/2 inch and 5/8 inch intervals; pleats, tucks, or gathers in dress or bodice fronts; and adjustable skirt hooks or series of buttons or snaps on waistband.

Comfortable, nonrestricting undergarments that are soft, absorbent, and easy to launder are ideal.

Selecting and wearing attractive maternity wear can help you feel better because you know you look your best. Plan your wardrobe carefully and you will look lovely for any occasion.

For additional clothing information, contact your county Extension office and ask for the fact sheet, "Maternity Wear" (FSHEA8).

Lesson 3
Suggested News Release

PRENATAL EXERCISES

Expectant mothers -- here's a chance to get answers to your questions concerning the importance of physical preparation for childbirth.

Attend the free Baby and You short course designed for new parents which will be held, __(date)__ at the _____(place)_____, from _(time)_ to _(time)_. Lesson 3 will feature the importance of prenatal exercises, when to start prenatal exercises, tips for exercising, and recommended prenatal exercises.

For more information or to enroll in the Baby and You Short Course, call your county Extension office at _____(telephone number)_____.

Lesson 3
Suggested News Release

CLOTHES FOR YOUR INFANT

What clothes does an infant need? How many clothes should I get? If these questions sound familiar, then join us for the "Baby and You" short course offered by the ___________ County Extension Service. The class will be ________(give date, time, and place)________.

Your baby's clothes should be simple in design and well-constructed. They should provide for comfort, warmth, and ease-of-care. All garments should be soft, lightweight, and nonirritating as no baby feels comfortable in clothes which scratch, bind, or restrict his body movements. Rough trims and stiff fabrics should also be avoided.

Clothes which are not pulled on over the head are better choices. Shirts, wrappers, dresses, sleepers, and kimonos which fasten all the way down the front or back, allow for ease in dressing and undressing the baby.

More knitted fabrics than woven fabrics are used in making baby clothes. Knits are especially suitable for baby's undergarments and sleepers since they provide for both warmth and ventilation.

Fabrics which can be machine washed in hot water allow for both ease-of-care and thorough cleaning.

The quantity and type of clothes selected for the baby will depend on the preferences and resources of the parents. But it is wise to remember that a baby grows quite rapidly and will usually outgrow his clothes before they are worn out. For this reason, it is better to buy only the basic necessities at first. Fancy, dress-up extras can be purchased later as the need arises and the budget permits.

It is always better to buy clothes with "built in" growth features than to buy clothes several sizes too large.

For additional information on selecting clothes for your infants, contact your county Extension office.

Lesson 4
Suggested News Release

HELPING YOUR BABY GROW

Caring for a baby and watching him grow is perhaps one of the most rewarding experiences a parent can have. The baby's senses are ready to work when he is born. Parents can help his sensory system develop through play. During the first year of life, the infant is growing more rapidly than he will at any other time. He will be learning many things during the first year.

He will learn about himself -- he will discover his hands, fingers, and later his feet and toes. He will learn what he can make his body do. He will learn that he is a separate person from his mother.

He will learn about the world -- that the wind or air is cold on his face. He will learn that the floor is hard and smooth and that he can make noises with pots and pans.

He will learn about others -- that they respond to him; that he can make them laugh; that they care for him.

A baby learns with experience. When the baby is fed when he is hungry or changed when needed, he begins to learn that the world is a safe place. If, on the other hand, the baby's needs are never met when important to him, he begins to learn that the world is unsafe. Everything is a teaching experience.

Lesson 4 of the Baby and You short course sponsored by the ______(name of county)______ County Cooperative Extension Service deals with adjusting to motherhood. Specific topics include baby's first food, activities to aid the development of the infant, and exercises for restoring the body to its pre-pregnancy state.

For additional information about the class, call the county Extension office at __(phone no.)__.

Lesson 4
Suggested News Release

PREPARING FOR MOTHERHOOD

Are you trying to decide if you should nurse or bottle feed your baby? The next class of the "Baby and You" short course addresses the pros and cons of both types of feeding. Also, they will discuss developmental activities for your baby along with an exercise program that will help you restore firmness and muscle tone after the baby arrives.

If you have not been participating in the course, it is not too late. The next class will be held at __(time)__ on ____(day, date)____ at ____(place)____ . The course is free so come and learn with other prospective or new parents.

The American Pediatric Society currently recommends breast-feeding for all infants because of the advantages to the nursing mother and her infant.

Nutrients in breast milk are in an easily digestible form and ideally suited to an infant's needs. Breast milk alone can provide all of the nutrients needed by most infants for the first six months of life. Adequate amounts of vitamins and minerals are also usually present so no supplementation is necessary. However, the child's pediatrician may prescribe vitamin D for an infant and may often encourage a mother to give a breast-fed infant supplemental fluoride.

Besides getting the nutrients needed for growth in the ideal form, a nursing infant also receives other health benefits from the diet. Studies have shown that breast-fed infants have fewer gastrointestinal illnesses such as vomiting and diarrhea and respiratory illnesses such as colds and infections than bottle-fed babies. Breast-fed infants also have fewer allergic reactions than those nursed on the bottle.

Breast feeding is not the answer for all mothers. What kind of time pressure do you have? Will you work outside the home? How close will you be to the baby? It may be possible to breast feed the baby for a month and then combine breast feeding with bottle feeding until the baby is weaned.

It may help you to discuss how to feed the baby with other prospective or new mothers at the "Baby and You" class before you make up your mind.

Lesson 4
Suggested News Release

POSTPARTUM EXERCISES

Are you aware that your body undergoes as many physiological changes after childbirth as it did during pregnancy, except that the changes occur more rapidly and far less attention is paid to them?

Postpartum exercises should begin as soon as possible and should be modified to allow for the different body and different birth experiences of each individual. Muscle strength varies from woman to woman and from muscle to muscle in the same person. Therefore, it's important to design an exercise program according to individual body feedback.

To find out more about postpartum exercises, attend the free Baby and You short course which will be held ___(date)___ at the ___(place)___ at ___(time)___ .

For additional information or to enroll in the Baby and You short course, call your county Extension office at ___(telephone number)___ .

Lesson 5
Suggested News Release

NEW PARENT SHORT COURSE TO BE HELD

The ______________ County Cooperative Extension Service and ______(co-sponsors)______ will offer an exciting and informative short course designed to help new parents prepare for parenthood.

The Baby and You short course will feature Lesson 5, Preparing for Parenthood, on __(date)__ at ______(place)______ from __(time)__ to __(time)__ .

Lesson 5 will focus on caring for the baby. Topics include beginning life as a family; picking up and holding the baby; bathing, burping, diapering, exercising, and understanding the baby; keeping the baby healthy; and family planning.

Here's a chance to get answers to your questions concerning infant care. Also, meet other parents with similar concerns and experiences.

For more information or to sign up for the Baby and You short course, call your county Extension office at ____(telephone number)____.

Lesson 5
Suggested News Release

PREPARING FOR PARENTHOOD

Sometimes new parents find it hard to relax because they are so worried about how to handle their infants. Some men, in particular, think they are too clumsy to care for a tiny newborn. As a result, these dads miss a great deal of pleasure, not to mention opportunities for building a closer relationship with their children.

Research stresses that daddies can be just as competent at caring for young children as moms. Daddies can satisfy an infant's emotional needs as well as mothers can.

When babies start squawking, men can interpret their cries as well as women can, and men respond as well. When babies are upset, they don't automatically prefer Mom's arms to Dad's. Instead, they turn to whichever parent tends them most.

Babies react equally to separations from mother and from father when both parents are highly involved in caregiving. The attachment between a baby and a parent hinges on the amount of interaction that has taken place.

Fathers who make the effort to be involved with their families end up with quite a few bonuses for themselves. Active, involved fathers report higher self-esteem, a better understanding of their children, and a greater ability to express emotion, according to research.

Also, active fathering allows men to grow in a very special way. Because fathering can help them to clarify their values and see themselves differently, fathers can learn from their children and be matured by them.

Lesson 5 of the Baby and You short course explores this topic and the meaning of beginning life as a family. The objective of the lesson is to help prospective parents to prepare for parenthood through understanding, adjusting to, and caring for the baby.

For additional information about the class, call the county Extension office at (phone no.) .

Lesson 6
Suggested News Release

CHILD SAFETY SEATS

Which child seat restraint should I use for my infant? Learn all about child restraints in the "Baby and You" short course offered by the ______________ County Extension Service. The class will be ___(give place, date, and time)___.

After the critical early weeks of life for the newborn baby, automobile crashes are the leading cause of death for American children. Most of those deaths and injuries could have been avoided if parents had taken the time to buckle their children into a proper child restraint system.

To understand why restraints are so important, one must first understand what happens in a crash or in a sudden panic stop. When a car hits another object and stops suddenly or when a sudden hard braking action brings it to a fast stop, all occupants in the car continue to move forward at the same speed the car was traveling until something stops them. Too frequently that "something" is the steering column, the dash board, the windshield, or some other part of the interior of the car. It is this second collision that causes injuries and death.

In the case of small children, if they are not restrained, they literally become flying missles.

Some parents think they can protect infants and young children from being injured by holding them in their laps. They cannot. In a 30 miles per hour crash, for example, a child may be thrown forward with a force equal to 30 times its own weight. If you are wearing a safety belt, the child can be torn from your arms and hurled into the dash or the windshield. If you're not wearing a safety belt, both you and your child will fly forward, with the probability that your child may be crushed between you and the dash. Holding your child in your lap is not safe.

Effective child restraint systems that have been crash tested and meet government standards are available.

For additional information on child safety, contact your county Extension office.

Lesson 6
Suggested News Release

IMMUNIZATION

This year, millions of America's children are receiving the lifesaving protection from preventable childhood diseases. Are your children fully protected against diptheria, tetanus, pertussis, measles, mumps, rubella, and polio?

It's extremely important that parents understand what can happen when their children are not fully immunized. These childhood diseases can lead to severe, sometimes fatal, complications.

To find out the recommended immunization schedule, the protection vaccines give, and what risks, if any, vaccines pose to your children, attend Lesson 6 of the Baby and You short course designed for new parents.

Lesson 6 will focus on the recommended immunization schedule, the family health record, and child seat restraints.

For additional information or to enroll in the Baby and You short course, call your county Extension office at ____(telephone number)____.

Lesson 7
Suggested News Release

MAKING BABY FOODS AT HOME

Preparing your own baby foods can cut food costs, assure you as to the contents of the baby food, and help with an infant who requires a special diet. Making baby foods is also advantageous since table foods can be used for the baby's foods.

You can learn what foods to prepare and how to prepare foods during the next lesson in the "Baby and You" short course. This lesson will also explain how to keep baby food safe.

You can also learn other ways to stretch your food dollar for the whole family without sacrificing good taste and nutrition.

The "Baby and You" class, sponsored by the Cooperative Extension Service, will be held __(day and date)__ at __(time)__ at __(place)__ .

Lesson 7
Suggested News Release

TRIM YOUR FOOD DOLLAR

Your family may have increased in size but not your food budget. The amount of money spent for food does not indicate how well the food has supplied your family's nutrient requirements. The economics of food purchasing is a broad subject and will be a major subject at the next class of Extension's "Baby and You" short course to be held ________(date, date, time, place)________. The importance of a wise expenditure of the food dollar must not be underestimated. Come and learn how the same amount of money you now spend may purchase more nutrition for your family.

You will learn how to separate the cost of food from nonfood items to determine how much you are now spending for food.

You will learn to check the cost per serving of the same type of food sold in different forms. You may be able to spend less without sacrificing the satisfaction or nutritional quality of your meals. Fancy, high cost foods can be fun, but you may find that the satisfaction they give you is not worth the price. Perhaps you'll decide that the savings on food costs could be put to better use.

You will learn how to evaluate new items as they appear in the grocery shelves by reading labels, noting prices, and figuring cost per serving. You will be able to look for new or improved items, new can sizes, new cuts of meats, new foods in dairy case, and the wonderful array of fruits and vegetables. Then you may want to make some different purchases for a home test to see if a food will fit into your plan and family likes.

Lesson 7
Suggested News Release

BABY FOOD SAFETY

Food safety is important in any kitchen, but when you are preparing baby food, the rules become even more important. Because infants are more susceptible to illness and infection than adults, take more caution than usual when handling their food.

All utensils, work surfaces, cutting boards, and containers should be thoroughly washed with warm, soapy water and rinsed with hot water before each use. Before preparing the food, always wash your hands and nails and be careful not to touch the hair, face, other parts of the body, or objects such as the telephone without washing again before touching food.

The food should never be left at room temperature; bacteria that cause food spoilage and food poisoning flourish between 40 and 140 degrees.

When opening jars of commercial baby food, listen for the "pop" of the seal. This sound lets you know the product was safely processed and stored until the time it was opened.

Part of the food may be left in the jar and refrigerated for up to 48 hours. Do not feed the baby directly from the jar. Saliva transferred back to the jar on the spoon may encourage bacterial growth in the remaining food. Any food remaining in the baby's dish after a feeding should be thrown out.

For additional information on infant feeding, join the Baby and You short course. The next class will meet ____(day, date)____, at __(time)__ at ______(place)______. Call you local county Extension office for more information.

Lesson 7
Suggested News Release

STORING BABY FOODS

Proper storage of baby foods helps to ensure the youngster's good health.

Unopened commercial baby foods may be stored on the pantry shelf at room temperature. After opening, the amount of food baby will eat should be transferred to a small bowl. The opened jar of food should be closed and put in the refrigerator. Storage time in the refrigerator should be no longer than three days.

Avoid feeding baby directly from the food jar. The spoon used in feeding will have saliva and germs from the baby's mouth which can cause the food to spoil if the spoon is put back into the jar.

Homemade baby fruits and vegetables will keep for three days in refrigeration, while cooked meats should not be kept longer than two days. Place food in glass or plastic containers and cover tightly to store.

To learn more about food selection, buying, and storing attend the next class in Extension's "Baby and You" short course to be held ____(day, date)____ at __(time)__.

Lesson 8
Suggested News Release

WAYS TO MEET BABY'S NEEDS

A baby is a unique individual with his or her own special potential -- and that's what makes parenthood such an exciting and fulfilling endeavor for those who choose to make the commitment.

Providing a home and food is only the beginning of being a parent. The most important aspect of parenting is the nurturing of the personality and development of a feeling of love and security that starts a human being on the road to good mental health.

It begins at birth, which is a traumatic experience for the baby. From the close warmth of the uterus a baby is suddenly brought into a noisy, bright world. From the very beginning, an infant needs the assurance that everything is all right.

Almost all accepted theories of human behavior agree that early experiences have a great impact on later behavior. And parents have the greatest influence on a child's early experiences.

It's not hard to meet a baby's needs. Babies are born with an inner drive to grow and obtain food, warmth, and comfort. The baby is totally dependent for at least the first year, so it's up to us to meet these basic needs.

Most parents are aware of this and do a very adequate job of providing for their baby's needs. The baby needs to be fed, protected, cuddled, rocked, and played with.

Equally important are needs that form and influence the baby's development and behavior. These needs are for love, a sense of belonging, activity, consistency, predictability, and for esteem. The baby needs to feel important and highly valued just as we do.

Lesson 8, the last in the Baby and You short course, deals with positive ways parents can help their babies grow. Major topics include personality development and clothing the infant.

For additional information about the class, call the county Extension office at __(phone no.)__.

Lesson 8
Suggested Radio Script

YOUR CHILDREN'S CLOTHES

Do you want to learn more about the clothes your children wear? Come to the Baby and You short course offered by the ______________ County Extension Service. The class will be held ___(give date, place, and time)___.

Fabrics for children's clothes should be soft, absorbent, and lightweight for comfort. Firmly woven and closely knit fabrics provide the greatest durability.

Children grow so rapidly they need to be measured each time you sew. Patterns for babies are purchased primarily by weight of the child and also height.

Be sure to choose a color and print suited to the child. Unless you are an experienced sewer, pick fabrics and designs that are simple to work with. Pattern companies offer many designs that are quick-to-sew because they include a few pattern pieces. Simple designs will show off a gay print to best advantage. Prints do not show soil or wrinkles as readily as plain colors.

A touch of trim can make a child's garment something special. Decorative machine stitching, embroidery, smocking, ribbons, braids, laces, and bias bindings are some possibilities.

Sewing for your child can be rewarding.

For additional information on children's clothes, contact your county Extension office.

PROGRAM EVALUATION

You can help! Did the Baby and You Short Course meet your needs? Please share your opinions with us. Your input will be helpful in improving future work in this area.

1. What motivated you to attend the classes? (Check as many as apply) I wanted:

( ) more information on prenatal care.
( ) more information about raising children.
( ) a supportive, encouraging atmosphere.
( ) an opportunity to meet and make new friends.
( ) a chance to socialize, "get out of the house."
( ) Other ____________________

2. Did the classes fulfill your expectations? ( ) Yes ( ) No
If no, why not? How could they have been better suited to your needs?

____

____

3. Please indicate what you thought of the following aspects of the way the classes were set up:

	Not Good	Okay	Very Good	Comments:
Location	( )	( )	( )	____________
Facilities	( )	( )	( )	____________
Length of Sessions	( )	( )	( )	____________
Number of Sessions	( )	( )	( )	____________
Day	( )	( )	( )	____________
Time	( )	( )	( )	____________
Other	( )	( )	( )	____________

4. What is your overall rating of the classes. (Please check only one):

____Excellent ____Good ____Not Good

____Very Good ____Okay ____Other:____________________

5. The short course will help me become a better parent:

____I strongly agree ____I agree ____I am not sure ____I disagree

6. Would you recommend this short course to other new parents? ( ) Yes ( ) No
Why or why not?

____

____

7. The part of the short course I liked best was:

8. The most important thing I learned was:

9. As a result of the classes, I now (check all that apply):

____(a) know the importance of the mother avoiding drugs during pregnancy.
____(b) understand human reproduction.
____(c) am aware of the importance of the father giving the mother emotional support.
____(d) know the relationship of the mother's diet to the growth and development of the fetus.
____(e) recognize that the same nutrients are important for all people, but the need for some is increased during pregnancy.
____(f) can select appropriate clothes for maternity wear.
____(g) realize the importance of utilizing recommended prenatal exercises during pregnancy to improve physical condition.
____(h) appropriately fit clothes for infants and children up to 18 months.
____(i) know that appetite and food needs are related to rate of growth.
____(j) know that eating provides experiences that are necessary for the development of emotional well-being and physical skills.
____(k) use developmental activities to improve the growth and development of the baby.
____(l) recognize the importance of postpartum exercises to restore muscle tone.
____(m) know how to care for a baby.
____(n) know the proper ways to pick up and hold, bath, burp, diaper, and exercise a baby.
____(o) recognize when to call a physician to attend baby's health needs.
____(p) use the recommended immunization schedule for the baby.
____(q) maintain adequate immunization and other health records.
____(r) use child seat restraints.
____(s) use suggested methods for stretching the food dollar.
____(t) choose nutritious foods when planning meals.
____(u) know how to meet the emotional needs of infants.
____(v) know clothing styles and fabrics appropriate for young children.
____(w) use growth features when sewing for small children.
____(x) fit shoes appropriately for children.

WHO ARE YOU?

Please answer these questions about you. Please check (✓) those that apply.

AGE

______ (1) 9-19
______ (2) 20-24
______ (3) 25-29
______ (4) 30-34
______ (5) 35-39
______ (6) 40-44
______ (7) 45-49
______ (8) 50-54
______ (9) 55-59
______ (10) 60-64
______ (11) 65 and over

EDUCATION

______ (1) In middle school now
______ (2) In junior high school now
______ (3) In high school now
______ (4) Grade school education
______ (5) Junior high school graduate
______ (6) High school graduate
______ (7) Some college
______ (8) College graduate
______ (9) Graduate work
______ (10) Other ______________________
____

OCCUPATION

Job title ____

Type of business ____

(Optional)

I am a ( ) mother ( ) father My child is (age) ______

( ) grandmother ( ) grandfather

( ) child care worker ( ) other: ______________________

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